

AC. 44892



1. ~~Dr. Didsbury~~ C.407
2. ~~Mr. Morley Parry~~ A.419
3. ~~Mr. Perry~~ A.405

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REPORT

ON THE

LOCAL HEALTH

AND

WELFARE SERVICES

OF THE

COUNTY BOROUGH

OF

WALLASEY

1966

COUNTY BOROUGH OF WALLASEY



ANNUAL REPORT

of the

Medical Officer of Health

and

Principal

School Medical Officer

FOR THE YEAR

1966

HOWARD W. HALL, M.B., Ch.B., D.P.H.,

Medical Officer of Health,

Principal School Medical Officer, etc.

Including the Report of the

CHIEF PUBLIC HEALTH INSPECTOR

(A. RIDGWAY, M.A.P.H.I.).

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* Denotes — Incorporates information specifically required by Ministry of Health.

Public Health Department,
Town Hall,
WALLASEY.

To: The Mayor, Aldermen and Councillors of the County Borough of Wallasey:

I have pleasure in presenting to you the Annual Report on the Health Welfare and School Health Services of the borough for the year 1966.

Vital Statistics.

The birth rate for the year was 17.40 per 1,000 population as compared with a rate of 17.87 for 1965. The number of illegitimate live births was 122. This compares with the figure of 148 for 1965 and represents 6.86 per cent of the total live births.

There were 35 deaths in infants under one year, one less than in 1965, giving an infant mortality rate of 19.67.

The causes of the 35 infant deaths are given in full on page 31 and are divided up into those in the first week of life, early neo-natal deaths; those between the seventh and twenty-eighth days and finally those occurring in the 1 - 12 month period. Both the early neo-natal and neo-natal death rates of 9.56 and 10.68 per 1,000 live births showed an improvement on the rates of 11.40 and 13.03 per 1,000 live births in 1965. Unfortunately, again there was an increase in the number of infant deaths in the third group - 16 compared with 12 in 1965.

Stillbirths were down to 29 as compared with 35 in 1965, giving a peri-natal mortality rate of 25.44 compared with a rate of 29.83 for 1965.

The causes of death in the borough are shown in the various age groups and divided into sexes on page 14. Deaths from cancer of the lung numbered 85 (69 men and 16 women compared with 81 (68 men and 13 women) in 1965. Coronary artery disease accounted for 296 deaths as compared with 322 in 1965.

Unfortunately, there was one maternal death. This took place in hospital and was due to an amniotic fluid embolus - a rare complication of normal parturition.

Ambulance Service.

In October a Hospital Transport Officer was appointed to work in the Victoria Central Hospital, Liscard. This officer has greatly contributed to the overall operational efficiency of the service. The appointment is a joint one, 50% of the salary being borne by the Health Committee and 50% by the North Wirral Hospital Management Committee. Full details of all the cases conveyed during the year can be found on page 52.

Vaccination and Immunisation.

The number of children receiving protection from smallpox, diphtheria, tetanus, whooping cough and poliomyelitis still leaves room for improvement if the borough is to remain free from these diseases. Measles vaccination has not yet been introduced, but reports from the Medical Research Council and the trial areas are awaited with interest.

Health Visiting.

The work of the health visitors is described on page 41 of the Report. Much good work is done quietly behind the scenes in family health education in the home, helping, advising and persuading families to make the best use of the health, welfare and social services available in the borough, including the family planning and cervical cytology clinics.

District Nursing Service.

I am pleased to report that the establishment remained at full strength throughout the year and thus it was possible to give an efficient and sympathetic home nursing service to support the general practitioners in the care of the sick and elderly in their own homes in the borough.

Domestic Help Service.

1966 was again a busy year for this section. As in previous years, the bulk of the hours worked (112,049 out of a total of 123,944) was allocated to elderly persons in the borough, in many instances, enabling them to continue to live in their own homes and postponing the day when admission to a hostel or hospital bed will be needed. In addition to this valuable work with the elderly, it has been found possible to use some of the hours in helping problem families in the borough.

There is still a considerable need for the expansion of this service and the Council have realised this need in their plans for extending this service in the Ten Year Development Plan for the Health and Welfare Services.

Health Education

The joint appointment of a Health Education Officer with Birkenhead has given us an opportunity to increase the activities of the department in this important field. Details of the work can be found on page 56 of the report.

Domiciliary Midwifery Service.

1966 showed a further marked decline in the number of home confinements which reached a new low level of 131.

It is with regret that I have to report that the hospital authorities withdrew from the talks, which were taking place at the time of writing my last annual report. It was hoped to set up a unit within Highfield Maternity Hospital for domiciliary midwives to deliver their own "48 hour discharge cases" under the guidance of the patient's own general practitioner.

Mental Health Services.

The main event of the year was the opening of "Chapel Hey" the Mental Health Rehabilitation Hostel on the new Sandbrook Lane Estate. A full account of the first nine months' work in this hostel can be found in the Mental Health Section of the Report.

The year saw a consolidation of the work being done with the sub-normals and severely subnormals at the Adult Training Centre, and it was found possible to add a further 20 places for trainees by enclosing an open work area.

Work continued on the plans for a new replacement Junior Training Centre to be sited in Moreton, adjacent to the Adult Training Centre.

All the Mental Welfare staff were busy throughout the year. It is interesting to note that as a result of a work study during the months of September and October it was found that the dual purpose Welfare/Mental Welfare Officers were doing as much work for the Welfare Committee (National Assistance Act) as they were doing for the Health Committee (Mental Health Act and National Health Service Act). This had previously been estimated at 25% Welfare Committee and 75% Health Committee. It would appear that a further strengthening of the Mental Health Section will be required if the standard of after-care is to be maintained and the level of staffing of one mental welfare officer per 20,000 population is to be attained.

Environmental Health.

It is with deep regret that I have to report the death in November of Mr. G.A. Owen, Milk, Dairies and Meat Inspector, and Inspector under Diseases of Animals Acts. Mr. Owen was one of the Senior Public Health Inspectors and had served the department and the borough extremely well over the last 38 years. He will be greatly missed by his colleagues and friends in the department and also by many tradesmen in the town with whom he enjoyed the most cordial relations.

The details of the work of the Public Health Inspectors can be found in the Environmental Health Section of the Report. I am pleased to report an increase in the number of visits of inspection to food premises 2,760 compared with 2,154 in 1965. Much work has been done by the inspectors in connection with complaints of noise coming from the new Mersey Tunnel workings. The contractors were always helpful and willing to carry out recommendations in order to reduce the noise level to the minimum possible.

Welfare Services.

This section of the department was busy throughout the year and as I have already mentioned in the Mental Health Section of this foreword, more of the time of the dual purpose Welfare/Mental Welfare Officers is being taken up by welfare duties under the National Assistance Act. This is really to be expected due to the high proportion of elderly persons residing in the borough.

The year saw the opening of a short stay annexe at "Fernleigh" and the six extra beds provided were fully utilised during the remainder of the year. The extension and improvements to staff quarters at "Lamorna" were completed by the end of the year.

As mentioned in my 1965 Report, there still remains much to be done in providing specialised housing for old people in the borough.

Meetings of officers concerned from various departments of the Corporation took place during the autumn months to discuss the Government circular on "Homeless Families".

I would like once again to thank all persons in the borough who undertake voluntary work, especially those who work closely with the Welfare Section of the Department.

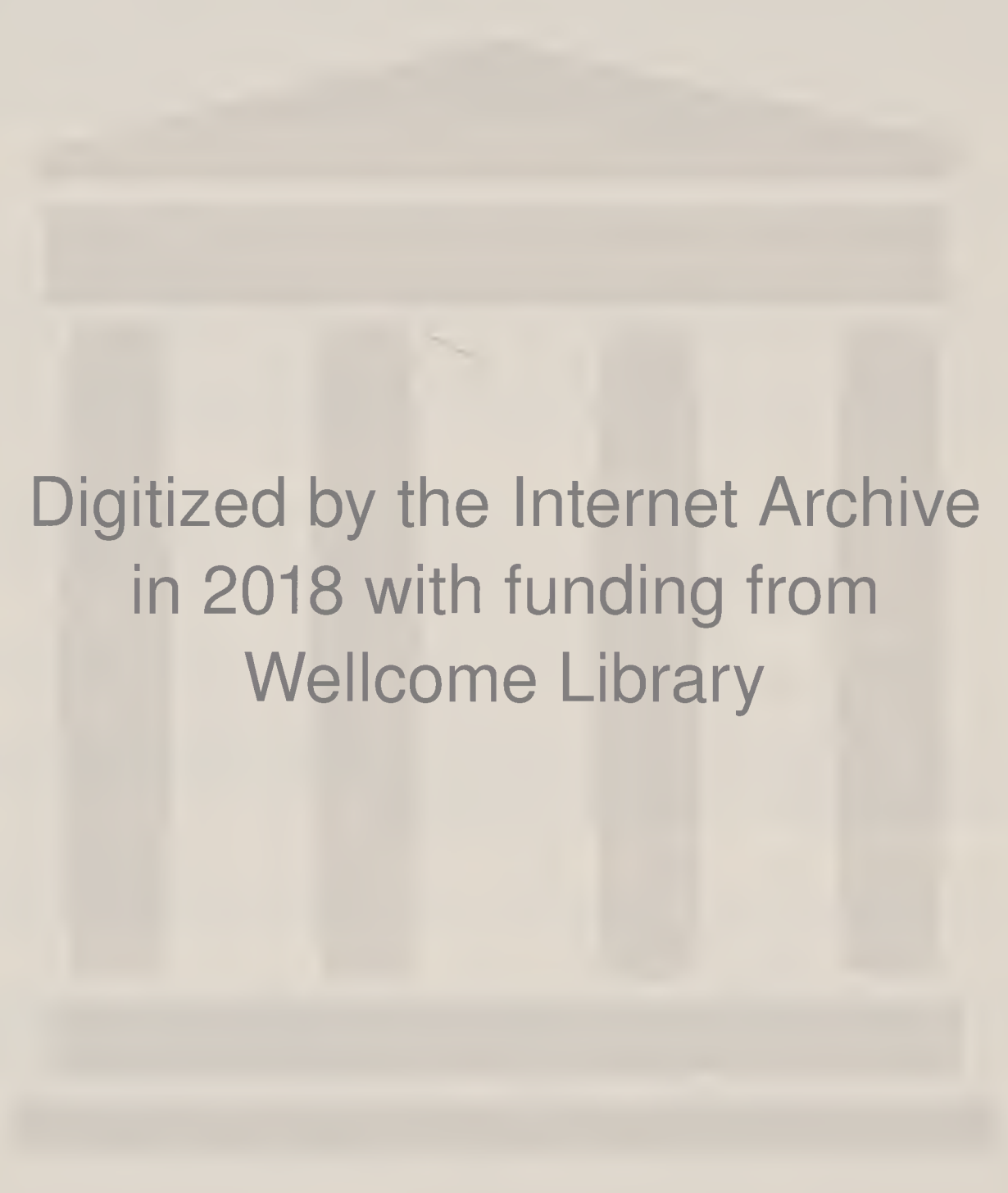
In conclusion, I should like to thank the Chairman and members of the Health, General Health and Welfare Committees for their support and encouragement throughout the year. Thanks are also due to the Town Clerk, his staff and all other Chief Officials for their helpful advice and co-operation throughout the year, also to the members of my staff, who have always given me their full and loyal support.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

HOWARD W. HALL,

Medical Officer of Health.



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PUBLIC HEALTH OFFICERS of the AUTHORITY

As at 31st December, 1966

Medical Officer of Health and Principal School Medical Officer: HOWARD W. HALL, M.B., Ch.B., D.P.H., F.R.S.H.
Town Hall, Wallasey. Telephone No. Wallasey 7070-Ext.120.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

WILLIAM F. CHRISTIAN, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health and School Medical Officer: EDWARD J. A. O'REILLY, M.B., Ch.B., B.A.O. (Obstetrics).

Assistant Medical Officer of Health, School Medical Officer and Medical Supervisor of Midwives:

ESME I. GRANT, M.R.C.S., L.R.C.P.

Chest Physician (Part-Time):

JAMES BAXTER, M.B., Ch.B., D.P.H.

Principal Dental Officer:

W. J. MEAKIN, L.D.S., R.C.S.

Dental Officers:

W. A. HENDERSON, L.D.S.

E. G. MASON, L.D.S.

W. M. WYNNE, L.D.S.

Chief Public Health Inspector:

A. RIDGWAY, M.A.P.H.I.

Deputy Chief Public Health Inspector:

G. SHAW.

Senior Public Health Inspectors:

J. Q. CALLISTER, Housing.

W. GLADDEN, Smoke Control.

R. HUGHES, Offices, Shops and Railway Premises Act.

District Public Health Inspectors:

G. CARR

P. J. CAVANAGH

M. COPPACK

D. J. DICKSON

R. JONES

C. V. TAYLOR

G. K. GREAVES

Superintendent Health Visitor/School Nurse:
Mrs. K. SCHOFIELD, S.R.N., H.V. Cert., N.N.E.B.

Health Visitors/School Nurses

Miss A.J. EDGE	Miss E.M. MORGAN
Miss C.E. MURRELL	Miss E. WHITBURN
Mrs. E.P. NOLAN	Miss P. REYNOLDS
Mrs. W. DOVEY	Miss J. LITTLEMORE
Miss M.E. ASPINALL	Mrs. M.J. GRIFFITHS
Miss K.E. HIGGINS	
Miss A.E. RADCLIFFE	
Miss M. HUGHES	

School Nurses
Mrs. A.D. HUGHES
Mrs. A.P. MENET
(Part-Time)

Tuberculosis Visitors
Mrs. L.M. JONES
Mrs. B. MINISTER
(Part-Time)

Municipal Midwives:

Mrs. E.E. HINTON	Mrs. P. SHACKLADY
Miss E. WOODS	Mrs. A.B. TIMEWELL
Mrs. A.M. McGRATH	Miss I.K. PAISLEY
Mrs. M.E. GALLIMORE	

Chief Weights and Measures and Food and Drugs Inspector:
J.A.W. PRICE, Cert. Board of Trade.
Senior Weights and Measures and Food and Drugs
Inspector: C. HARWOOD D.P.A., Cert. Board of Trade.
Weights and Measures and Food and Drugs Inspector:
I. BUTLER, Cert. Board of Trade.

Public Analyst (Part-Time):
TENNYSON HARRIS.

Health Education Officer (Part-Time):
DR. J. FERGUSSON, L.M.S.S.A., M.I.H.E., M.R.S.H.,
F.R.S.A.

Chief Administrative Assistant:
G.A. LOXHAM, D.P.A.

Administrative Assistant:
J.M. GIBSON

Clerical Staff:

A.H. EDWARDS (Senior Clerk)	Mrs. J. O'NEILL
W.R. KIDD	Mrs. J. NICHOLSON
D. FARQUHAR	Mrs. M.E. ROBERTS
M.H. POWELL	Mrs. B. WARD
J.R. KELLY	Miss D.W. SIMPSON
Miss G. BOOTH	Mrs. S. METCALFE
Miss M. BLENCOWE	Mrs. C. FENLON
Miss B.M. HERRIOT	Miss S. HARDING
Miss E. MASTERS	Mrs. E.M. NEWMAN
Mrs. G. DODD	Miss C. BURNS

Matrons of Day Nurseries:

Miss E. GREENLY, Central Park Day Nursery.
Miss B.B. RIMMER, Oakdale Day Nursery.
Miss P. WARNER, Eastway Day Nursery.

Superintendent District Nursing Service:

Mrs. K. ELSON, S.R.N., N.D.N. Cert.(Queens Nurse).

District Nurses:

Miss B. JOY (Senior Nurse)	Mrs. S.E. POUSTIE
Miss M. GOVIER	Mrs. I.A. MATTHEWS
Miss B.HUNTINGTON	Mrs. E.G.JOHNSON
Mrs. M.A.JOLLEY	Mrs. M.M.KING(Part-Time)
Miss A.M.BENNETT	Mrs.E.C.SINCLAIR(Part/Time)
Miss D.E.MURPHY	Miss P. SINNOTT
Mrs. D.CROFT	Mrs. M.BAXTER
Mrs. D. EVANS	Mrs.M.PEMBERTON (Part/Time)
Mrs. S.BATEMAN	Mrs. M.P. TRAVIS
Mrs. G.P.BLACKWELL	(Enrolled Nurse)
Mrs. S.H. DAVIES	Miss M.E. EDWARDS

Bath Attendants:

Mrs. D. ROBERTS
Mrs. E.HETHERINGTON
Mrs. I.C. MACLEOD

Domestic Help Organiser:

Mrs. G.M.FALLA

Assistant Domestic Help Organiser:

Miss A.ELCOCK

Acting Chief Training Officer, Adult Training Centre:
B. R. SPENCE.

Supervisor, Junior Training Centre:

Miss I. P. D. MACDONALD.

Senior Mental Welfare Officer:

F. WALL. ..

Mental Welfare Officers:

D. EVANS
A.E. MAIRS
Miss B.J. PARRY
Miss M.V. PHILLIPS
A.S.TRUFFET

Chapel Hey Residential Mental Health Hostel,
Superintendent

J.D. EDWARDS, S.R.N., R.M.N.

Assistant Matrons

Mrs. J.W. EDWARDS. R.M.N.
Mrs. V.C. HINTON

WELFARE SERVICES

Senior Welfare Officer:
D. G. WHARTON

Welfare Officers:
F. WALL
A. S. TRUFFET
D. EVANS
A. E. MAIRS
Miss B. J. PARRY

Welfare Officer (Rehabilitation):
Mrs. M. C. ROE

Welfare Officer (Handicapped Persons):
Miss M. SHENNAN

Welfare Assistant (Handicapped Persons):
Miss P. M. PARRY

Welfare Assistant:
Miss J. POOLE

Handicrafts Teacher (Handicapped Persons):
Mrs. C. W. GRIFFITH
Mr. F. J. CORKILL

Home Teachers of the Blind:	
Miss I. BAILLIE	L. SMITH
Mrs. E. E. CLAYTON	Mrs. M. DOWLING

Clerical Staff:
A. C. HINTON
Mrs. D. WOODCOCK
Miss J. M. GITTINS
N. F. HARVEY
M. N. LANCEFIELD

Matrons of Hostels for the Aged:
Miss M. ROBERTS, "Fernleigh"
Miss E. PARSONS, "Lamorna"
Miss H. VOWLES, "Redcliffe"
Mrs. A. L. GRIMES, "Newholme"
Mrs. W. M. FITZGERALD, "Manor Grange"
Mrs. P. A. STANTON, "Osborne House"

Warden—Reception Centre:
Mrs. E. KEEN.

STATISTICS, etc.

STATISTICS. Etc.

(a) As requested by the Ministry of Health, in accordance with Circular 1/66;—

	Wallasey		England & Wales (for comparison) 1966
	1965	1966	
Live Births-Males	975	915	-
Females	867	864	-
	<u>1,842</u>	<u>1,779</u>	-
Live birth rate per 1,000 population	17.87	17.40	17.7
Illegitimate live births per cent of total live births	8.03	6.86	-
Still births-Males	17	15	-
Females	18	14	-
	<u>35</u>	<u>29</u>	-
Still Birth Rate per 1,000 total live and still births	18.65	16.04	15.4
Total live and still births	1,877	1,808	-
Infant deaths(deaths under one year)			
Males	18	21	-
Females	18	14	-
	<u>36</u>	<u>35</u>	-
Infant Mortality Rates—			
Total infant deaths per 1,000 total live births	19.54	19.67	19.0
Legitimate infant deaths per 1,000 legitimate live births	17.71	19.31	-
Illegitimate infant deaths per 1,000 illegitimate live births	40.54	24.59	-
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	13.03	10.68	12.9
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	11.40	9.56	11.1
Perinatal Mortality Rate(Still births and deaths under one week combined per 1,000 total live and still births)	29.83	25.44	26.3
Maternal Mortality(including abortion)-			
Number of deaths	Nil	1	-
Rate per 1,000 total live and still births	0.00	0.55	-

Wallasey

	1965	1966
(b) Other details:-		
Census population(April,1961)	103, 213	103,213
Registrar General's estimated population at mid-year	103,090	102,840
Deaths to 31st December		
Males	642	664
Females	658	647
	<u>1,300</u>	<u>1,311</u>
Death rate(unadjusted)per 1,000 of estimated population	12.61	12.75
Death rate per 1,000 of estimated population adjusted by area comparability factor of 0.97 (1966)	12.23	12.37
Death rate per 1,000 of estimated population-England and Wales	11.5	11.7
Phthisis death rate per 1,000 of population	0.029	0.049
Area in acres as ascertained by Ordnance Survey,January, 1935	5,961	5,961
River and sea frontage ... ..Slightly less than 8 miles		-
Inhabited houses at 31st December ...	31,985	32,259
Uninhabited houses at 31st December ...	681	753
Rateable value of the borough as at 31st December	£3,638,836	£3,711,452
Yield of 1d rate	£14,320	£15,000

PRINCIPAL CAUSES OF DEATH

Heart Disease	447	296
Cancer	274	273
Respiratory Diseases-		
Pneumonia	52)	96)
Bronchitis	60)	71)
Other	11)	14)
Vascular lesions of nervous system	206	175
Violent Deaths(including suicides)	25	37

MATERNAL MORTALITY

There was one maternal death in Wallasey during 1966

SUMMARY OF DEATHS DURING THE YEAR 1966

CAUSES OF DEATH	SEXES		All Ages	DEATHS IN WHOLE DISTRICT									
	M.	F.		Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS							
						1-	5-	15-	25-	35-	45-	55-	65-
Tuberculosis- respiratory	5	-	5	-	-	-	-	-	-	-	1	-	3
Tuberculosis-other	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic disease	1	4	5	-	-	-	-	-	-	-	2	1	1
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute polio-myelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm- stomach	13	10	23	-	-	-	-	-	-	-	-	4	13
Malignant neoplasm- lung, bronchus	69	16	85	-	-	-	-	-	1	3	11	26	28
Malignant neoplasm- breast	1	17	18	-	-	-	-	-	1	-	2	8	4
Malignant neoplasm- uterus	-	11	11	-	-	-	-	-	-	-	2	4	2
Other malignant and lymphatic neoplasms	68	68	136	-	-	1	1	2	2	3	12	31	40
Leukaemia, Aleukaemia	3	3	6	-	-	-	-	-	-	1	-	1	2
Diabetes	2	5	7	-	-	-	-	-	-	1	1	1	1
Vascular lesions of nervous system	59	116	175	-	-	-	-	-	-	2	7	16	29
Coronary disease	171	125	296	-	-	-	-	-	1	4	16	58	101
Hypertension with heart disease	4	8	12	-	-	-	-	-	-	-	-	2	6
Other heart disease	42	64	106	-	-	-	-	-	1	1	2	10	22
Other circulatory dis- ease	28	25	53	-	-	-	-	-	-	-	4	7	8
Influenza	1	2	3	-	-	-	-	-	1	-	1	-	-
Pneumonia	44	52	96	-	6	1	-	-	-	-	6	8	15
Bronchitis	53	18	71	-	-	-	-	-	1	1	-	6	20
Other diseases of respiratory system	8	6	14	-	-	-	-	-	-	1	2	4	1
Ulcer of stomach and duodenum	6	4	10	-	-	-	-	-	-	1	-	2	2
Gastritis, Enteritis and diarrhoea	-	6	6	-	-	-	-	-	-	-	-	-	2
Nephritis and Nephroses	3	1	4	-	-	-	-	-	-	-	1	-	1
Hyperplasia of prostate	8	-	8	-	-	-	-	-	-	-	-	-	1
Pregnancy, childbirth abortion	-	1	1	-	-	-	-	1	-	-	-	-	-
Congenital malforma- tions	8	4	12	1	6	5	-	-	-	-	-	-	-
Other defined and ill- defined diseases	51	60	111	18	2	1	1	-	-	2	4	13	19
Motor vehicle accidents	5	-	5	-	-	-	-	2	2	-	-	-	1
All other accidents	9	16	25	-	2	5	3	1	-	1	4	2	2
Suicide	2	5	7	-	-	-	-	1	1	1	1	2	1
Homicide and opera- tions of war	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	664	647	1311	19	16	13	5	7	11	22	80	208	328

DEATHS IN WALLASEY DUE TO MALIGNANT NEO-PLASM LUNG & BRONCHUS

MALES

FEMALES

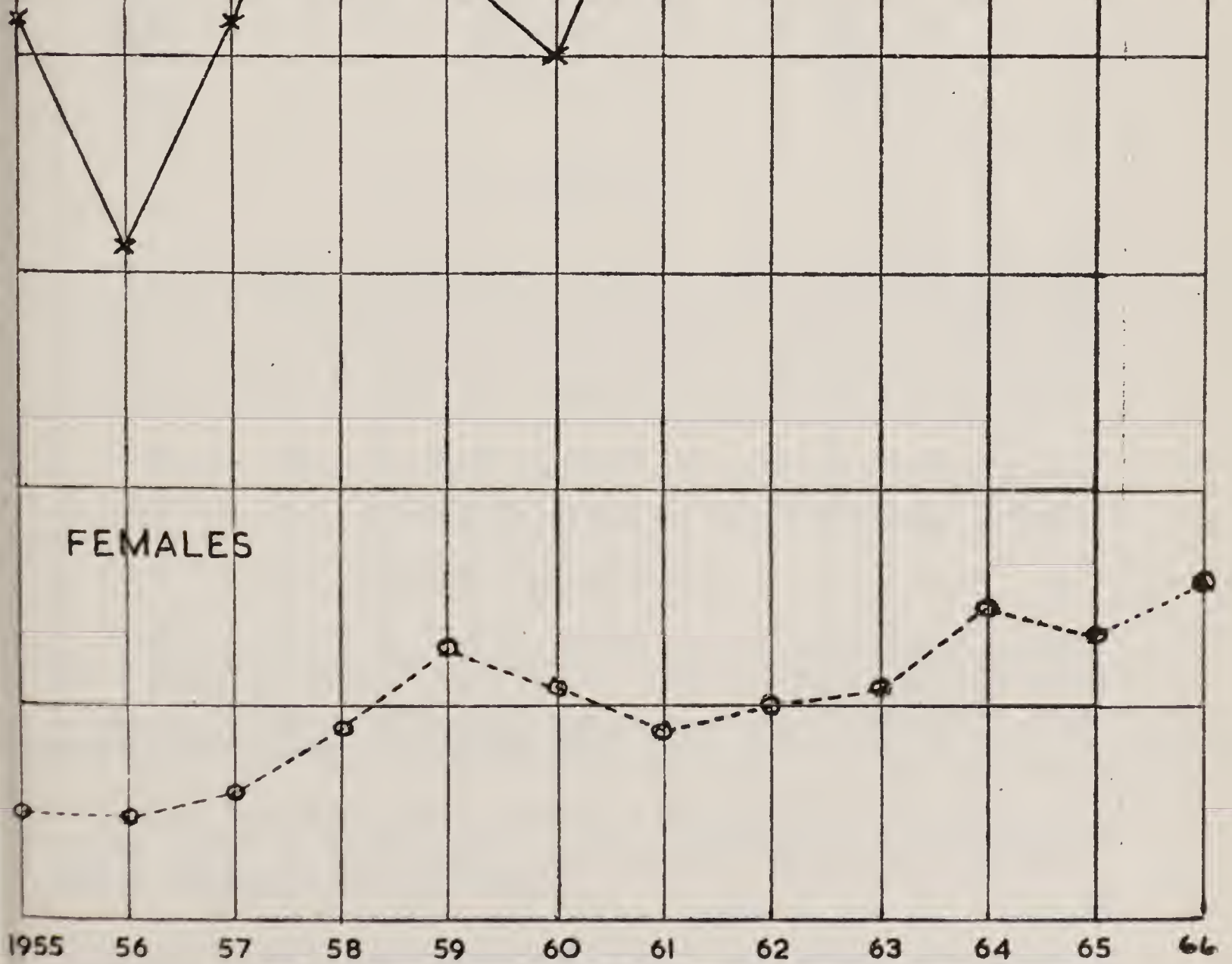


TABLE SHOWING (a) Infant Deaths and Death Rates.
 (b) Neo-natal deaths and Death Rates.
 (c) Deaths and Death Rates (infants 4 weeks to 12 months).

Infants			Neo-natal			4 weeks-12 months		
Year	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births	% of Total Infant Deaths	Deaths	Rate per 1,000 Births	% of Total Infant Deaths
1946	87	42.2	51	24.7	58.62	36	17.48	41.38
1947	111	51.1	57	26.9	51.35	54	25.09	48.65
1948	78	43.5	38	20.67	48.72	40	22.35	51.28
1949	64	35.8	34	19.0	53.13	30	16.82	46.87
1950	49	28.7	28	16.41	57.14	21	12.31	42.86
1951	55	32.4	35	20.62	63.63	20	11.19	36.37
1952	56	33.3	43	25.62	76.78	13	7.75	23.22
1953	41	24.7	29	17.51	70.74	12	7.25	29.26
1954	43	25.1	29	16.94	67.44	14	8.12	32.56
1955	41	25.4	29	17.96	70.74	12	7.44	29.26
1956	42	24.07	31	17.77	73.81	11	6.30	26.19
1957	48	26.10	33	17.94	68.75	15	8.16	31.25
1958	44	24.69	32	17.96	72.73	12	6.73	27.27
1959	48	26.06	37	20.09	77.08	11	5.97	22.92
1960	45	24.32	29	15.68	64.44	16	8.64	35.56
1961	36	19.38	24	12.92	66.67	12	6.46	33.33
1962	61	31.25	42	21.52	68.85	19	9.73	31.15
1963	48	24.60	41	21.01	85.42	7	3.59	14.58
1964	40	19.90	34	16.92	85.00	6	2.99	15.00
1965	36	19.54	24	13.03	66.67	12	6.51	33.33
1966	35	19.67	19	10.68	54.2	16	8.99	45.8

TABLE SHOWING the Infantile Mortality rates of the Borough as compared with the figure for the whole of England and Wales for the census years from 1901 to 1951 and consecutive years to 1966.

Year	Wallasey	England and Wales
1901	142.0	151
1911	109.0	130
1921	59.0	83
1931	44.8	66
1941	78.9	60
1951	32.4	29
1952	33.3	27
1953	24.7	27
1954	25.1	25
1955	25.4	25
1956	24.07	24
1957	26.10	23
1958	24.69	23
1959	26.06	22
1960	24.32	22
1961	19.38	22
1962	31.25	22
1963	24.60	21
1964	19.90	20
1965	19.54	19
1966	19.67	19

ILLEGITIMACY

During the year there were 122 illegitimate live births (60 Male: 62 Female) recorded by the Registrar-General as belonging to the Borough, compared with 148 in 1965. This gives an illegitimate birthrate of 68.6 per thousand total live births, as compared with 80.3 in 1965.

There were three deaths of illegitimate children during the year. There were five illegitimate still births.

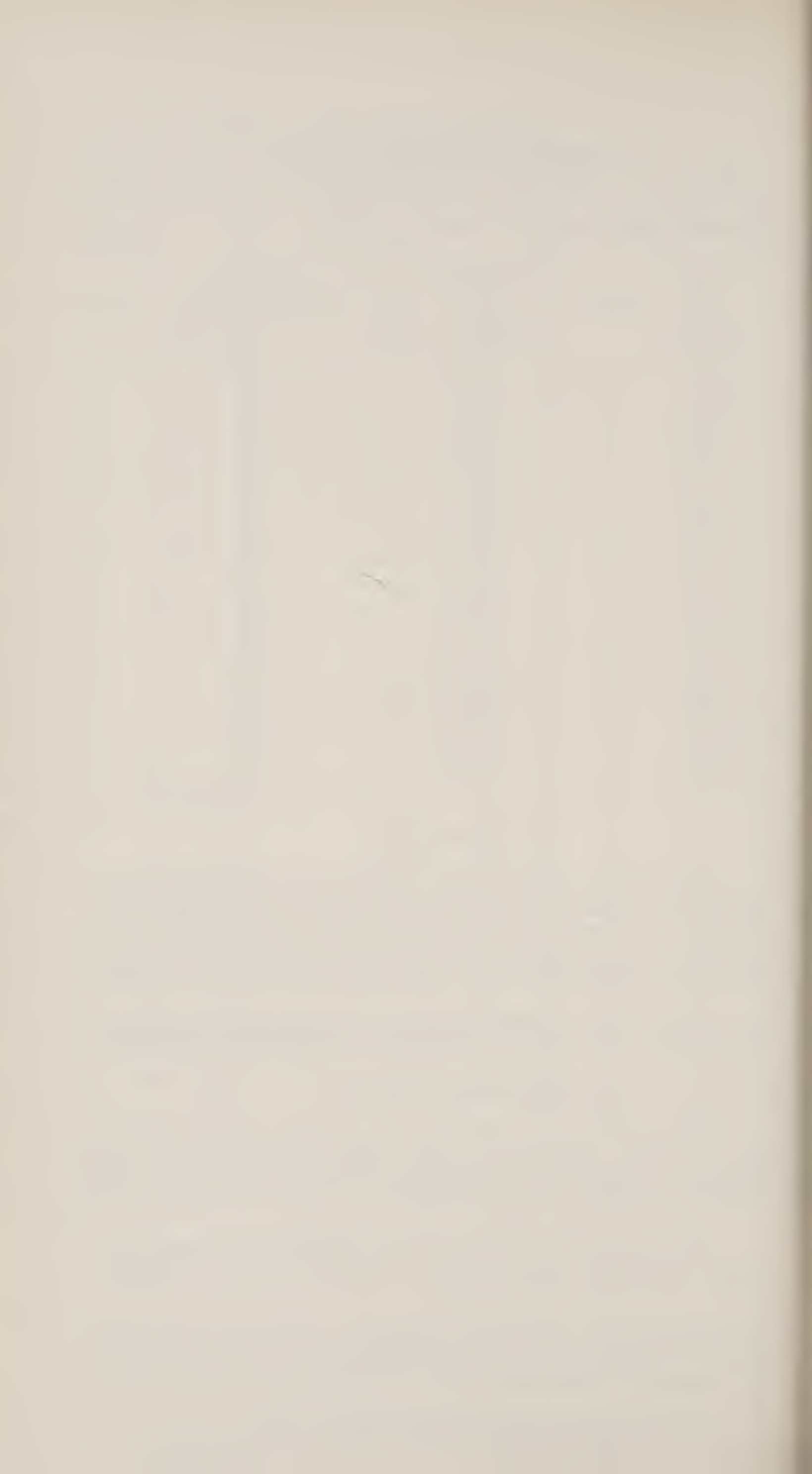
ECONOMIC CONDITIONS

The number of unemployed persons in the borough in January, 1966, was 1,000, and in December it was 1038 compared with 1,351 and 939 in January and December, 1965, respectively.

The following amounts were expended on Unemployment Insurance Benefit, etc., by the Wallasey Employment Exchange during 1966.

Unemployment Insurance Benefit including Earnings Related Supplement and Supplementary Allowances paid to unemployed persons.....£141,420

Supplementary Allowances (paid to all other cases)£71,375.



*Occurrence and Control
of Infectious Diseases*

CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES
NOTIFIED IN WALLASEY DURING 1966

NOTIFIABLE DISEASES	Cases notified at ages										
	Tot'ls	under 1	1	2	3	4	5-9	10-14	15-24	25-44	45-64
Smallpox	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning ..	6	1	-	-	-	-	-	-	2	-	3
Dysentery	19	-	3	1	2	-	3	-	2	4	1
Diphtheria (including Membranous Croup)	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	2	-	-	-	-	-	-	-	-	-	1
Scarlet Fever ..	59	1	1	7	-	13	31	4	1	-	1
Paratyphoid ..	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever ..	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia ..	17	-	-	-	-	-	-	-	8	9	-
Meningococcal Infection	3	1	1	-	-	-	-	1	-	-	-
Poliomyelitis (Paralytic)	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis .. (Non-Paralytic)	-	-	-	-	-	-	-	-	-	-	-
Pneumonia	16	-	-	-	-	-	1	2	-	5	3
Ophthalmia Neonatorum	2	2	-	-	-	-	-	-	-	-	-
Pulmonary Tuberculosis	34	-	-	-	-	-	-	-	5	5	16
Other forms of Tuber- culosis	5	-	-	-	-	-	-	-	2	2	-
Measles	1026	48	154	156	162	146	350	1	6	3	-
Whooping Cough ..	6	2	-	-	-	1	2	1	-	-	-
Encephalitis Lethargica	-	-	-	-	-	-	-	-	-	-	-
Post Infectious Encephalitis ..	2	-	1	-	-	-	1	-	-	-	-
Acute Infective Encephalitis ..	-	-	-	-	-	-	-	-	-	-	-
Polio-Encephalitis ..	-	-	-	-	-	-	-	-	-	-	-
TOTAL ..	1197	55	160	164	164	160	388	9	26	28	25

INFECTIOUS DISEASES-INVESTIGATIONS AND VISITS OF SURVEILLANCE

During the year a total of 886 visits were made by the health visitors and public health inspectors to infectious cases and contacts as follows:-

	Enquiry Visits	Visits of Surveillance	Total Visits
Health Visitors	683	92	775
Public Health Inspectors	40	71	111
	<u>723</u>	<u>163</u>	<u>886</u>

A total of 315 specimens were submitted to the Public Health Laboratory in connection with the investigation of cases of food poisoning and dysentery.

Diphtheria

No cases of diphtheria were notified during the year. In fact there have been no cases of diphtheria in Wallasey during the last eleven years, i.e., 1956-1966. This is, of course, highly satisfactory. Unfortunately, there is the danger of being drawn into a false sense of security. The percentage of school children who are adequately protected against this disease is falling. Parents are tending to become complacent about the need for immunisation. It must, therefore, be re-emphasised to parents that only through immunisation will the present very satisfactory position be maintained.

Scarlet Fever

59 cases of scarlet fever were notified during 1966 compared with 94 cases in 1965 and 85 in 1964. There were no deaths.

This infectious disease is of a very mild type compared with that of twenty or thirty years ago, so much so that many doctors in the borough do not notify cases. Notification is, however, important when a food handler is concerned.

Puerperal Pyrexia

There were 17 notifications of puerperal pyrexia during the year, none of which proved fatal.

Ophthalmia Neonatorum

There were two cases of ophthalmia neonatorum notified during the year.

Whooping Cough

6 cases were notified during the year. Of these, 5 had received a full course of immunisation against whooping cough. No case was fatal. During 1966 1,174 children were immunised.

Measles

There were 1,026 cases of measles notified during 1966 compared with 853 in 1965. The disease was a mild type with few complications. There were no deaths. Field trials are continuing in certain areas with prophylactic measles vaccine, the results of which are awaited with interest.

Poliomyelitis

There were no cases of Poliomyelitis during the year.

Meningococcal Infections

There were three cases of meningococcal meningitis during the year. Two in girls aged three months and fourteen months, and the third case in a school-boy aged ten years. All three cases recovered well without any sequelae.

Smallpox

No case of smallpox occurred during the year.

Typhoid/Paratyphoid Fever

There were no cases of typhoid or paratyphoid fever.

Food Poisoning

There were six cases of food poisoning notified during 1966.

Dysentery

There were 19 confirmed cases of sonne dysentery during the year. Visits of surveillance were made by health visitors and public health inspectors, and specimens were submitted to the Public Health Laboratory for bacteriological examination. All cases were kept under surveillance until three consecutive specimens were found to be free from pathogenic organisms.

Encephalitis

There were two cases of encephalitis during the year; one in a boy aged fifteen months, which followed an

attack of tonsillitis. The subsequent development of this little boy is being closely watched by the Health Visitor, in whose area he resides, and his name kept on the handicapped children's list.

The second case was a boy of nine years, and his attack of encephalitis followed mumps. Serological tests confirmed a recent mumps infection. This boy made a good recovery without any sequelae.

Infective Hepatitis

An outbreak of this virus disease began in July and went on until the end of the year. Discussions have taken place in the Local Medical Committee about making this disease compulsorily notifiable in the Borough.

PERSONAL HEALTH SERVICES

Services provided under Part III of The National Health Act, 1946

Special report on co-ordination and co-operation of the Health Department's Services with the Hospital and Family Doctor services.

Section 21—Health Centres.

- „ 22—Care of Mothers and Young Children.
- „ 23—Midwifery Services.
- „ 24—Health Visiting.
- „ 25—Home Nursing.
- „ 26—Vaccination and Immunisation.
- „ 27—Ambulance Service.
- „ 28—Prevention of Illness—Care and After-Care.
- „ 29—Domestic Help Service.
- „ 28 and 51—Mental Health Services.

THE CO-ORDINATION AND CO-OPERATION OF THE HEALTH DEPARTMENT'S SERVICES WITH THE HOSPITAL AND FAMILY DOCTOR SERVICES.

The Ministry of Health has asked that particular reference to the above be made in this report. The three branches of the Health Service, namely the General Practitioner Services; the Hospital and Specialist Services; and the Local Health Authority Services work in close co-operation in Wallasey. A joint "Health and Welfare Services" Handbook has been published and this gives details of all three services.

(a) Co-operation with Hospital Services.

- (i) Since the inception of the National Health Service Act the North Wirral Management Committee has been represented on the Health Committee. The representative has full voting rights.
- (ii) The Medical Officer of Health is a member of the Hospital Management Committee and as such, serves on various House Committees and Sub-Committees.
- (iii) The Medical Officer of Health attends Liaison meetings with the Liverpool Regional Hospital Board's Medical staff and also represents the authority on the Liverpool Regional Hospital Board Joint Health Advisory Committee.
- (iv) The department is given full details of all pre-school and school children discharged from hospital. This facilitates any necessary follow-up by the health visiting and school health service staffs, as appropriate.
- (v) The number of 'early discharges' including those at 48 hours, from the local Maternity Hospital (which is a General Practitioner Unit) has increased very appreciably in recent years and numbered 981 in 1966. Most of these are planned well in advance, thus allowing for the inspection of the home by a domiciliary midwife who advises the hospital whether or not the conditions are such that early discharge is desirable. The department is notified by telephone when the discharge is imminent, thus ensuring that the appropriate services are available without delay.
- (vi) The domiciliary midwives make full use of the Obstetric and Paediatric Flying Squad if an emergency arises, and they accompany any premature infant to the hospital, who requires specialised treatment available only at the Premature Baby Unit at St. Catherine's Hospital, Birkenhead.
- (vii) Many requests are received, directly from Consultants or through the Medical Social Workers of the hospitals for the provision of appropriate domiciliary services on discharge from hospital, including the Home Help Service; District Nursing Service; Health Visiting Service, etc. Applications are also made for placement of patients in Homes

for the Aged provided in accordance with Sec.21 of the National Assistance Act; Rehousing on Medical Grounds; Provision of equipment and the carrying out of adaptations in the homes of handicapped persons, etc.

- (viii) A Hospital Transport Officer was appointed during the year to co-ordinate the requests for admission and discharge of patients by ambulance. He holds the rank of Station Officer of the Ambulance Service and is based at Victoria Central Hospital. 50% of his salary is paid by the Local Authority and 50% by the Hospital Management Committee.
- (ix) The arrangement continued whereby a health visitor attends the ward round at the Birkenhead Children's Hospital and also attends the neo-natal clinic at Highfield Maternity Hospital.
- (x) Two tuberculosis visitors of the local authority continue to carry out their duties from the Chest Clinic, Mill Lane, and work in close liaison with the Consultant Chest Physician. They also take part in the School B.C.G. vaccination scheme, thus ensuring the complete "follow-up" of children found to be strongly Mantoux positive.
- (xi) One of the Mental Welfare staff attends weekly case conferences at the Deva and Moston Psychiatric Hospitals. This close liaison with the Consultant Psychiatrists provides the opportunity of planning appropriate after-care of the patient when he/she is discharged from hospital. In conjunction with the Superintendent of "Chapel Hey" Mental Health Hostel, arrangements are made for the transfer of patients to this Local Authority Rehabilitation Hostel, details of which are given in the Mental Health Section of this Report.
- (xii) Much helpful advice has been given to us by the Consultant Gynaecologist and Pathologist in setting up our first cervical cytology clinic.

(b) With Family Doctor Services.

- (i) Since the inception of the National Health Service Act, both the Local Medical Committee and Executive Council are represented on the Health Committee, each representative having full voting rights.
- (ii) A newsletter is forwarded periodically to all general practitioners in the borough, giving details of the occurrence of infectious diseases; the introduction of new services and the changes in the existing domiciliary services of the Local Authority.
- (iii) Three general practitioners have requested the assistance of a health visitor at their weekly ante-natal clinic. The same health visitor attends each week and the scheme which works well, has been operating for several years. In addition, health visitors are available on request from general practitioners for visits to elderly patients on their lists.

- (iv) All the domiciliary services of the Health Department are available to assist the general practitioner in the care of the sick and elderly patients on his list and most general practitioners in the borough continue to care for their elderly patients, after admission to Welfare Homes.
- (v) Full information of the results obtained at the Cervical Cytology Clinic are conveyed to the general practitioners so that any treatment necessary can be arranged by him.
- (vi) As stated in the Section of the Report dealing with Health Centres, discussions are proceeding with the general practitioners regarding the setting up of such Centres in the borough.

SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 21 - HEALTH CENTRES

No Health Centres have been constructed, or are in course of construction in Wallasey.

Towards the end of the year, however, there was correspondence with the Secretary of the Local Medical Committee regarding the possible setting up of such a Centre or Centres in the borough.

Further discussions are taking place at the time of writing this report and details of the outcome will be included in the report for 1967.

SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics—These clinics are held as follows:—

Monday evenings at Merton Road Clinic 6 p.m. to 7 p.m.
Tuesday evenings Water Street Clinic 6 p.m. to 7 p.m.
Thursday evenings Moreton Clinic 6 p.m. to 7 p.m.
Tuesday evenings Leasowe Clinic 5-30 p.m. to 7 p.m.

The following are details of attendances during 1966:—

	Sessions held	Expectant Mothers attending	No. of attendances
Water Street	51	72	311
Merton Road	48	70	277
Oakenholt Rd., Moreton	52	51	188
Hudson Road, Leasowe	51	32	130
	<hr/> 202	<hr/> 225	<hr/> 906

The midwives clinics are firmly established and attendances are good, although, of course, as there are fewer domiciliary confinements, there are fewer expectant mothers to attend these clinics. Nevertheless, the midwives held 202 clinics, at which 225 expectant mothers made 906 attendances, an average of four attendances per patient.

Relaxation classes are available to all expectant mothers who wish to avail themselves of them, and a health visitor attends each clinic to give lectures and, hold informal discussions on Health Education and Mothercraft. Unfortunately it has been impossible to obtain the services of a physiotherapist for the Leasowe and Moreton clinics and it has been necessary for the mothers from these areas, wishing to avail themselves of this service, to travel to Merton Road or Water Street clinics.

The value of health education in ante-natal care must not be under-estimated - it is of paramount importance that the expectant mother should realise the significance of a well-balanced diet, a high standard of hygiene and adequate rest.

Expectant mothers who are to have their babies in Highfield Maternity Hospital and who attend the ante-natal clinic at that hospital are also invited to attend the parent and mothercraft talks held at the Local Authority Ante-natal clinics.

As in the previous years, the scheme continued to operate whereby three general practitioners have the assistance of a health visitor at their mothers' and babies' clinics. The scheme works well.

Post-Natal Examination

The health visitors and midwives encourage and stress the importance of mothers attending for post-natal examination by their own doctors.

Care of Premature Babies

A premature infant is one weighing five and a half pounds or less at birth, and the table following gives details of the premature births during the year:

Premature Live Births															
Weight at birth	Total Births	Born in hospital			Born at home or in nursing home									Still Births Premature	
		Died			Nursed entirely at home or in nursing home				Transferred to hospital on or before 28th day						
					Died				Died						
		Within 24 hrs of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hrs of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hrs of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in nursing home	
Under 3 lb. 4 oz. or less (1,000 gms. or less)	16	10	1	-	-	-	-	-	-	-	-	6	1		
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	22	2	-	-	-	-	-	-	-	-	-	9	-		
Over 4 lb. 6 oz. up to and including 5 lb. 15 oz. (2,000-2,250 gms.)	23	-	1	1	-	-	-	-	-	-	-	1	-		
Over 4 lb. 15 oz. up to and including 5 lb. 15 oz. (2,250-2,500 gms.)	49	-	-	-	6	-	-	-	-	-	-	4	-		
Total ..	110	12	2	1	6	-	-	-	-	-	-	20	1		

In every case of premature birth occurring at home, there is close liaison between the midwifery and health visiting staff to ensure the baby receives correct care and attention. If necessary, equipment is available on free loan from the Health Department. Whenever it is desirable, however, premature babies are admitted by ambulance to the well equipped Premature Baby Unit at St. Catherine's Hospital, Birkenhead, and the ambulance vehicle is fitted with an incubator for this purpose.

On discharge from hospital, the department is given full details of the child's condition and methods of feeding, etc. The time and date of discharge is given by telephone to ensure there is no delay in the provision of appropriate services.

Scales for weighing premature infants are available on free loan from the Health Department and 29 parents took advantage of this service during the year.

The health visiting staff made 46 attendances to the Saturday morning sessions of Dr. Hemes premature baby clinic at Highfield during the year.

Stillbirths

There were 29 stillbirths during the year certified by:-

(a) Doctors ... 28 (b) Midwives ... 1

Causes of Stillbirths

Foetal Asphyxia - Abruptio Placenta	...	...	...	...	5
Foetal Anoxia Acute Partum haemorrhage - Retroplacental clot	...	...	...	...	1
Macerated Foetus	...	...	...	...	6
Anencephaly	...	...	...	...	2
Placental separation	...	...	...	...	1
Spina bifida	...	...	...	...	1
Cerebral haemorrhage	...	...	...	...	2
Asphyxia - Prolapsed Cord	...	...	...	...	1
Macerated Foetus - Placental Infarction (Maternal Hypertension)	...	...	...	...	1
Asphyxia - Breech delivery	...	...	...	...	1
Intrauterine Anoxia	...	...	...	...	1
Hydrops Foetalis (Rh negative maternal blood)	...	...	...	...	1
Foetal Asphyxia - mucual cord	...	...	...	...	1
Prematurity	...	...	...	...	1
Cause unknown	...	...	...	...	1
Teratoma	...	...	...	...	1
Ante partum haemorrhage - Placenta Praevia	...	...	...	...	1
Asphyxia - Cord very tightly round neck - Intracranial haemorrhage	...	...	...	...	1

Infant Deaths

Total deaths under twelve months	35
Neo-natal deaths (deaths under 28 days)	19
Early neo-natal deaths (deaths under 7 days)	17
Other infant deaths (one month-12 months)	16

Causes of early neo-natal deaths (under 7 days)

Prematurity	8
Hyaline membrane disease-tracheo- oesophagial fistula	1
Atelectasis - prematurity	2
Intraventricular haemorrhage-prematurity (twin)	1
Intraventricular haemorrhage-prematurity- uretero pelvic hydronephrosis	1
Cerebral anoxia-intra-uterine asphyxia and inhalation of meconium	1
Intracranial haemorrhage, prematurity	1
Cyanotic heart disease congenital	1
Prematurity atelectasis and bilateral renal hypoplasia	1
	<hr/> 17

Causes of deaths (7 - 28 days)

Cerebral haemorrhage-dehydration-vomiting	1
Ileal Atresia	1
	<hr/> 2

Causes of deaths (one month-12 months)

Respiratory Obstruction-haemangioma of neck	1
Congenital heart disease	2
Broncho pneumonia	5
Fibroblastosis of Heart-Respiratory infection	1
Asphyxia due to inhalation of vomited stomach contents	1
Multiple congenital deformity-Trisomy 17-18	1
Haemorrhagic bronchopneumonia due to puerperal haemorrhagica	1
Cardiac failure - coarctation of aorta	1
Asphyxia due to capillary bronchitis	1
Cerebral anoxia and vagal inhibition - Inhalation of stomach contents	1
Duodenal atresia and congenital abnormality	1
	<hr/> 16*

* H.M. Coroner gave the death certificate in 7 cases.

Incidence of Congenital Malformations

The scheme for notifying congenital malformations apparent at birth continued. Any such malformation is recorded by the doctor or midwife on the birth notification which is forwarded to the Medical Officer of Health. A return is made to the General Register Office of every child in the borough (identified only by a number) for whom information has been received of a malformation or malformations present at birth.

During the year, 39 malformations were notified. (34 in respect of 33 live births and 5 in respect of 4 stillbirths.)

These are summarised in the following table:-

Conditions	Live	Still	Total
Central Nervous System	5	3	8
Eye, Ear	1	-	1
Alimentary System	4	-	4
Heart and Great Vessels	1	-	1
Respiratory System	-	-	-
Uro-Genital System	6	1	7
Limbs	9	1	10
Other skeletal	-	-	-
Other systems	5	-	5
Other malformations	3	-	3
Totals:	<u>34</u>	<u>5</u>	<u>39</u>

Child Welfare Clinics

Dr. W.F. Christian, Deputy Medical Officer of Health reports as follows:-

"This year the number of attendances at all our child welfare clinics has fallen. As there has been a fall in the birth rate during the year, this is to be expected. There is no doubt that the mothers of Wallasey appreciate the facilities provided throughout the borough at these clinics. As mentioned in previous reports, most of the children seen are under one year old. Special clinics for "toddlers" are held at other times at certain of the clinics.

In addition to obtaining advice on feeding problems from the health visitors and medical advice from the doctor, mothers are able to have their babies immunised against diphtheria, whooping cough, tetanus and poliomyelitis at these clinics. Welfare foods and vitamin supplements are also on sale.

I should like to take this opportunity to thank those ladies who regularly give their services voluntarily and assist the health visitors in the running of the clinics. Their assistance is greatly appreciated."

The clinics (at which a doctor attends on each occasion) are held as follows:-

Health Clinic, Water Street, Wallasey, Tuesdays, 2 p.m. to 4.30 p.m.
 Health Clinic, Oakenholt Road, Moreton, Tuesdays, 2 p.m. to 4.30 p.m.
 Health Clinic, Hudson Road, Leasowe, Mondays, 2 p.m. to 4.30 p.m.
 Parish Hall, Wallasey Village, Wallasey, Wednesdays, 2 p.m. to 4.30 p.m.
 Trinity Church Hall, Manor Road, Wallasey, Thursdays, 2 p.m. to 4.30 p.m.
 Congregational Church Hall, Princess Road, Wallasey, Thursdays, 2 p.m. to 4.30 p.m.

The number of attendances during the year was:

	Water Street	Moreton	Princess Road	Wallasey Village	Trinity Hall Liscard	Leasowe	Totals
Children under one year of age	2,070	2,873	2,063	2,650	2,058	1,297	13,011
Children between one and five years	697	666	642	873	960	969	4,807

Toddlers' Clinic

Number of children called up 457
 Number who attended 217

Distribution of Welfare Foods

Welfare foods, i.e., National dried milk, cod liver oil, orange juice and vitamin tablets were distributed from the following points during the year:-

25a Liscard Village; Boys' Club, Vernon Avenue; Health Clinic, Leasowe; Health Clinic, Moreton; Water Street Clinic, and at the clinics held in Wallasey Village Parish Hall, and Princess Road Church Hall.

	1961	1962	1963	1964	1965	1966
National Dried Milk ..						
Number of packets given free ..	1,023	1,279	1,183	1,027	630	575
Number of packets sold	24,345	23,292	21,962	22,341	19,172	16,235
Cod Liver Oil, Orange Juice, etc.						
Number of bottles of:						
Cod Liver Oil	3,866	2,290	2,162	2,204	2,197	1,980
Vitamin Capsules	3,962	2,964	3,085	3,278	2,680	2,352
Orange Juice (Free)	885	698	467	203	196	474
" " (Sold)	29,052	16,004	16,666	18,481	19,078	19,146

During the year, the number of packets of dried milk (other than National dried milk) cereals, etc., sold at the clinics was 32,791 realising a total of £4,024.6.4d. compared with 37,749 packets sold in 1965 which realised £4583. The reduced income is in part due to the introduction of some new baby foods which are cheaper per unit than the foods which were previously on sale and to a general fall in the numbers attending the clinics.

Family Planning

During the year the Family Planning Clinic, conducted by the Birkenhead and District Mothers' Welfare Clinic (Family Planning Association) continued to be held at the Health Clinic, Hudson Road, Leasowe, from 7 p.m. to 8 p.m. each Wednesday evening.

The following are details of attendances at the Clinic during 1966:-

Patients	235(including 39 transferred from other areas).
No. of sessions	48
Total attendances	470
Reasons for seeking advice:-	
Pre-marital	10
Marital	1
Planning	140
Cervical smears	82
Consultation	2

In addition, 172 Wallasey residents attended the Oxton Road Clinic, Birkenhead, during the year.

Priority Dental Services

The dental service for expectant and nursing mothers and children under 5 years of age continued to be available from the four dental clinics in the borough.

Approximately one eighth of the time of the Chief Dental Officer and of three dental officers (one of whom was employed on a part time basis at the end of the year) was allocated to this service.

The following are details of the treatments given:-

A. Number of Visits for Treatment During Year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	145	28
Subsequent Visits	49	53
Total Visits	194	81
Number of Additional Courses of Treatment other than the First Course commenced during year	6	-
Treatment provided during the year - Number of Fillings	66	21
Teeth Filled	60	16
Teeth Extracted	191	40
General Anaes- thetics given	130	5
Emergency Visits By Patients	103	5
Patients X-Rayed	-	5
Patients Treated by Scaling and/or Removal of Stains from the teeth (prophylaxis)	1	4
Teeth Otherwise Conserved	10	-
Teeth Root Filled	-	-
Inlays	-	-
Crowns	-	-
Number of Courses of Treatment Com- pleted during the Year	80	11

B. Prosthetics

F.U. or Patients Supplied with F.L. (First Time)	7
Patients Supplied with Other Dentures	2
Number of Dentures Supplied	9

C. Anaesthetics

General Anaesthetics Administered by Dental Officers	22
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D. Inspections

	Children 0-4(incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspec- tions During Year	143	18
Number of Patients in A and D above who required Treat- ment	81	17
Number of Patients in B and E above who were Offered Treatment	81	17

E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patents:

For Treatment 34

For Health Education -

Day Nurseries

Dr. E.I. Grant, Assistant Medical Officer of Health reports as follows:—

“Wallasey’s day nurseries cater for children from a few weeks old to five years. Because nursery places are severely limited (130), admission is based on the social need of the family, or more often, of the unsupported mother. This means that in most cases the children in a day nursery come from family backgrounds which have

severe environmental or personal difficulties, e.g. illegitimacy, low income groups, bad housing, poor mental or physical health of the mother and often a family lacking a father.

Such domestic backgrounds offer minimal opportunities for good experience in play and language development, and very poor physical care, and so these deprived children need a warm stable relationship, within the safe environment of the nursery, under the guidance of a staff who have a sound understanding of their emotional, social and physical needs and this, I think, we have.

A great deal is heard about the ill-effects on children of early or prolonged separation from their parents, but it is often forgotten that the type of child who has to be placed in a nursery is already vulnerable, and likely to become even more maladjusted or emotionally disturbed, if left in its own unsuitable home environment.

The three day nurseries provide a happy stable environment for these children and prepare them both physically and mentally for their admission to school at five years of age.

The Nursery Training Course for the Diploma of the National Nursery Examination Board is still a very popular career for girls, and at a recent Careers Convention held in Wallasey, there was quite a queue of would-be nursery nurses at our table, making enquiries and showing great interest in the leaflets and information dealing with this training.

We take six students in our two training nurseries, and there is no difficulty in filling these vacancies - our main problems are making the right choice and trying not to disappoint too many others.

Our nurseries were visited recently by the Ministry's Nursing Officer and H.M. Inspector of Nursery Schools and both expressed themselves quite well satisfied with our establishments and their routine day-to-day administration.

Our three Matrons are dedicated to their work and no mother need have any qualms about leaving her child in their care whilst she is at work.

All the children are medically examined at regular intervals, and the usual inoculations against diphtheria, tetanus, whooping cough and polio are given, subject to the consent of the parents."

Consideration will have to be given to the replacement programme of the three day nurseries in the Ten Year Development Plan having regard to the recommendations of the Plowden Report.

Details of attendances during the year are as follows:—

Nursery	Number on Register 31/12/66	Number of Places	Average Daily Attendance	
			0-2's	2-5's
Eastway	35	30	3.71	21.80
Central Park	48	50	16.50	24.20
Oakdale	49	50	11.13	27.08

Care of Unmarried Mothers and their Children

No Mother and Baby Home is provided within the borough, but full use is made of the services available through voluntary organisations.

Most of the cases are dealt with initially by the Wallasey Moral Welfare Association whose official worker advises the expectant mother on the social aspects of her problem and arranges, where necessary, for her to be admitted to a suitable home or hostel.

During the year the Council granted financial assistance in four cases, who were admitted to the following:—

St.Monica's Home, Liverpool	1
St.Bridget's Home, Chester	1
St.Theresa's Home, Salford	1
Sacred Heart Home, Brettargh Holt,Kendal..	1

Two of the mothers were aged 18 years; one aged 19 years and one was aged 20 years.

In the previous year financial assistance was given in six cases.

Nurseries and Child Minders' Regulations Act, 1948.

In accordance with the above Act, local health authorities are required to register all day nurseries, where children who have not attained the upper limit of compulsory school age, are received. Similarly, all persons who, for reward, receive more than two children under the age of five years, into their homes, for the day or substantial part of the day, are required to be registered.

A comprehensive register gives details of accommodation; names and qualifications of staff; equipment of premises; arrangements for feeding; infectious disease precautions, etc.

Prior to a recommendation being made to the Council that premises be registered as a day nursery or a person as a daily minder, a visit is made by the Superintendant Health Visitor to ensure that the proposed arrangements are satisfactory and a report is made to the Medical Officer of Health who personally visits the premises. In addition, a public health inspector visits to ensure that the premises and sanitary arrangements and facilities for the preparation and storage of food are satisfactory, and that the size of the premises is adequate for the number of children it is proposed to accommodate. The Chief Fire Officer also visits regarding necessary fire precautions and the Town Planning Section of the Borough Engineer's Department is advised of details of the application for registration.

There were five day nurseries and one child minder registered under the above-mentioned Act caring for 54 and 20 children respectively as at 31st December, 1966.

SECTION 23 — MIDWIFERY SERVICES

Domiciliary Midwifery

Dr. E.I. Grant, Assistant Medical Officer of Health and Medical Supervisor of Midwives makes monthly inspections, and reports as follows:—

“Once again I have to report a reduction in the figures for domiciliary confinements in Wallasey. Out of a total of 1,795 births for the borough, only 131 were born at home, i.e. about 7.3% of the total. In other words, over 92% of mothers in Wallasey are having hospital confinements and this is a good thing so far as the Ministry of Health priority groups are concerned.

The seven domiciliary midwives, although kept busy enough dealing with early discharges from Highfield, are disappointed to see domiciliary midwifery turning into the far less satisfying service of maternity nursing.

This year there were 981 early discharges, and this has now become the accepted pattern for hospital confinements, and there is a growing tendency to plan the early discharges to allow for the optimum use of the beds at Highfield Maternity Hospital.

Mrs. Schofield, Superintendent Health Visitor, deals with the day to day non-medical administration and acts as the liaison officer between Highfield, St.Catherines and the domiciliary midwives, taking the details of their early discharges and notifying the appropriate midwife who visits the mother and her baby at the earliest possible opportunity.

We hold regular, if somewhat less frequent meetings, at each of the midwives' homes and discuss any points or problems they wish to bring up.

The midwives are making the most of their antenatal clinics which are still held, and at which relaxation exercises and health education are taught in conjunction with a physiotherapist and a health visitor. Permission has been obtained from Highfield to allow the primiparae who are booked there to attend these useful and instructive clinics.

None of the midwives attended Refresher Courses in 1966, as the only one due to go was Nurse Boyd, who unfortunately, had to retire on the grounds of ill-health. All her colleagues were very sorry to see her go, and we wish her better health in the future.

We were fortunate in being able to appoint a successor holding C.M.B. Certificate and State Registered Nurse, who has taken up residence on the Sandbrook Lane Estate, Moreton.

We have adopted most of the new equipment available to domiciliary midwives - e.g. disposable syringes, gloves and masks, which means less chance of puerperal infection. We are hoping to replace in turn all the gas and air machines with the new Entonox apparatus - a machine which delivers a fixed and safe mixture of gas and oxygen, and which appears to give the mother a far greater degree of analgesia and anaesthesia than does the gas and air machine.

We use most of the recommended drugs and each midwife has a stethoscope and a sphygmomanometer for estimating blood pressure either at home or in the antenatal clinic.

All the midwives now have cars and car allowances and this is a great boon as they are now able to carry all their own equipment and do not need to bother the Ambulance depot for conveyance of the anaesthetic machines. With a larger number of visits to "early discharges" they can cover the distance more quickly and go further afield when necessary."

In last year's report mention was made of an approach by the North Wirral Hospital Management Committee to the Local Authority for the secondment of our midwives to Highfield where they would staff a domiciliary unit, but no decision had been reached by the end of the year.

Number of Deliveries by Domiciliary Midwives in the Area During the Year

Cases			Number of Women Delivered in Hospitals and Other Institutions but Discharged and Attended by Domiciliary Midwives before the 10th day
Doctor Not Booked	Doctor Booked	Total	
3	128	131	981

Maternity Outfits

On application to the midwife in attendance or to the Public Health Department, maternity outfits are supplied free of charge for all domiciliary confinements.

The number of maternity outfits issued during the year was 182.

Maternity Homes

There are no private maternity homes registered in the borough.

SECTION 24—HEALTH VISITING

Mrs. K. Schofield Superintendant Health Visitor, makes the following observations:—

Home Visiting

Many changes have occurred in the health visiting field, but home visiting remains the most important aspect.

Individual health education can be done and does include advice for every member of the family. It may concern advising a mother of a large or small family of all income groups, the elderly relative living alone, or a family where one member may be suffering from a mental disorder. The health visitors' work embraces every one in the community from the pre-natal stage to the "senior citizen" in the borough.

The many mothers who attend our child welfare clinics do not require the routine home visiting. Thus more time is given to those who for domestic or other reasons, are unable to come for consultation to the clinics.

Health topics and family problems are discussed by the health visitor and it is in the home, that firm relationships develop.

Ante-Natal Care

Due to the high percentage of hospital confinements in Wallasey the numbers of expectant mothers attending our midwives ante-natal clinics are dwindling. The few who attend, however, receive good attention and care from the midwives and health visitors. The midwives do the clinical examination. The health visitor discusses all aspects of mothercraft which are not only matters affecting the mother's health but of the welfare of the whole family. She can be guided, if necessary, into the right approach to her other children and her husband when the new baby arrives.

Matron at Highfield Maternity Hospital and St. Catherine's Hospital Birkenhead, sometimes phone my office asking for help with an expectant mother who has defaulted several appointments with the obstetrician. The health visitor in 99% of cases is successful in seeing that the mother attends the hospitals clinic. One reason for non attendance is the mother with a large family, who cannot find anyone to look after the children. Often the health visitors arrange for the children to go to a day nursery or on occasions a Women's Royal Voluntary Service member kindly undertakes to be a "baby sitter" for an afternoon.

Phenistix Testing

Babies are tested between the age of 4 - 6 weeks. There have been no positive results.

Congenital Malformations

Returns are made each month to the Registrar General. Co-operation between the Maternity hospitals and the Department is good.

Special surveillance is given to these children by the health visitors staff. Happily, many congenital malformations are only slight and the child develops quite normally.

Ascertainment of Deafness in Young Children

Children in certain of the "At Risk" groups are tested for deafness by the health visitors, usually between the age of 7 months to 5 years. If any child is suspected of defective hearing the test is repeated, and if the second time there is doubt the child is referred to his/her family doctor.

This year five members of staff received instruction in this skill from Dr. Waldon, Audiology Department, University of Manchester. I should like to take this opportunity to thank the Health Committee for this Course.

All children "At Risk" are observed and their physical and mental development noted. Appropriate action is taken when necessary.

If a health visitor thinks a child is in need of special schooling, he or she is referred at the age of four and a half years to one of the School Medical Officers so that the child can be examined and assessed to receive the education best suited to the child's age, aptitude and ability.

Cytology Clinic

The health visitor plays an important part in encouraging women to have the cervical test. The opportunity arises during home visiting. It is hoped that mothers in Classes IV and V groups may, be persuaded to attend these clinics because statistics have proved that these groups would seem to be more vulnerable.

Moreton Mothers' Club

This Club goes from strength to strength. The mothers enjoy having the use of the clinic premises and once again I thank the Health Committee for their permission.

The Club is run solely by the mothers now. The health visitors have relinquished all official duties. What progress the mothers have made: When the Club first began, most of them were unable to voice an opinion and no one was willing to propose a vote of thanks to a speaker. Now we have quite a number of budding orators!

I am sure that this Club serves a great need to the Moreton community.

Leasowe Mothers' Club

This was started by the health visitors at Leasowe Clinic and myself in November. At the end of the year, the membership is roughly 25. It is a modest beginning, but we hope the numbers will increase. The meetings are held on alternate Tuesday evenings and the time is given voluntarily by the health visiting staff at Leasowe.

The Club is run very much as at Moreton, with speakers to talk on a wide variety of subjects.

I am sure this Club will flourish as already there is a very warm atmosphere amongst the members.

I wish to thank the Health Committee for allowing health visitors to attend Refresher Courses.

In conclusion, thanks are due to all members of the staff for their co-operation throughout the year."

The following is a summary of work done by the Health Visitors during the year:—

Total visits to children under 1 year	8,119
Total visits to children between 1 and 5 years	12,852
Total visits to Premature Births	291
Total visits re Stillbirths	28
Total visits re Neo-Natal Deaths	24
Total visits re Infant Deaths	12
Total visits re Infections Diseases and contacts	579
Total visits to Dysentery cases	196
Total visits to Ophthalmia cases	20
Total visits re Immunisation	109
Total visits re Adoptions	7
Total visits for Children's Officer	35
Total visits for Hospital Medical Social Workers	19
Total visits to Expectant Mothers	746
Total visits to Post-Natal cases	389
Total visits re Tuberculosis	1,267
Total visits to Diabetics, per General Practitioners	1
Total visits re Care of Old People	786
Miscellaneous Visits	868
	<hr/>
	26,548
Ineffectual visits (no response, etc.)	2,884
	<hr/>
	29,432

Attendances at Junior Training Centre for:—

Medical Inspections	11
Cleanliness Surveys	1
Attendances at Adult Training Centre	9
	<hr/>
	21

Attendances in School by T.B. Health Visitors re B.C.G. vaccination

Home visits re B.C.G. vaccination	78
	<hr/>
	156

Attendances at Birkenhead Children's Hospital

Attendances by T.B. Health Visitors at Mill Lane Chest Clinic	85
Highfield Premature Baby Clinic	59
General Practitioners' Ante-Natal Clinic Sessions	151

SECTION 25 — HOME NURSING

Mrs. K Elson, Superintendent of the District Nursing Service reports as follows:—

“Before writing the Home Nursing Report I should like to thank those concerned for allowing me 3 months special leave to attend the Course of Administration at the William Rathbone College, Liverpool. I found this very beneficial. I also had the honour of being commanded by Her Majesty Queen Elizabeth II to attend her garden party at Buckingham Palace on July 21st. 1966.

The case load of the District Nurses in Wallasey remains fairly steady but the pattern has altered. Patients are remaining ambulant for a longer period and a more rapid turnover of cases is resulting. X-Ray preparations are almost non-existent on the district now. An oral preparation was introduced early in the New Year and has proved very satisfactory.

The establishment is at full strength. Most of the nurses are car owners or drivers. Four members who ride mopeds do so from choice. Sickness amongst the trained staff has been at a minimum.

Many thanks are offered to all members of the Public Health Department, Doctors and Hospitals for their co-operation. Work has appeared easier with their assistance.

Messages are taken at the Centre from 8a.m. until 9 pm. Monday to Saturday, and from 9 am. to 9 pm. on Sundays. One nurse is on duty each evening for emergency calls and visiting terminal cases. 219 late visits were paid to 39 patients to give injections to patients suffering from carcinoma.

A 24 hour service is now available for all terminal and acutely ill patients in need. Three part-time nurses have been employed during the year (2 S.R.Ns and 1 S.E.N.) These nurses are on duty on the district each morning and are on call for night nursing. The service at night for carcinoma patients is run with the financial assistance of the Marie Curie Memorial Foundation Fund. It is now hoped that more patients will be nursed at home and ease the pressure on hospital beds. 8 patients have been nursed at night during the year. 2 have been nursed since the new service started a few months ago.

The drawsheets and nightdress service has been used extensively to the benefit of patient, nurse and relative.

The elderly and infirm ambulant patients continue to be cared for by the Bath Attendant Service (1 full time and 2 part time) 3,893 visits have been paid to 154 patients. Due to sickness in this section of the service the number of patients appear less. Actually it has increased, as the trained staff coped with the remainder in their daily case load and accurate figures are not easily obtainable. 105 patients are now being bathed each week by the three bath attendants.

Disposable syringes are now used for all injections except the giving of Imferon. Diabetics and tuberculosis patients have their own equipment supplied and kept in the house. The introduction of sterile dressing packs on National Health prescription has helped in acute surgical work.

In the past twelve months 2 S.R.N.s have taken District Training and qualified for the National Certificate under the auspices of the Queens Institute. 2 S.R.N.s are at present in training. One nurse was granted leave to take part 1 Midwifery and will be returning to the Centre on completion of the course. The Superintendent and 13 nurses are Queens Nurses."

The following is a summary of the work carried out by the District Nursing Service in 1966.

	Cases	Visits
Medical	1,744	44,409
Surgical	268	8,046
Tuberculosis	42	1,554
Infectious	6	34
Maternal Complications	30	224
Others	70	143
	<hr/>	<hr/>
Totals	2,160	54,410

Patients included in above who were 65 years and over at time of first visit	1,385	37,383
Children included in above who were 5 years and under at time of first visit	12	284
Patients who have had more than 24 visits during the year	834	41,964

The above figures include 14,926 visits paid to 738 patients for the purpose of giving injections only. The comparable figures for 1965 were 13,902 for 462 patients.

Nursing Homes

There were four Nursing Homes on the Register at the end of 1966. 31 deaths occurred in the Homes during the year.

Seventeen visits were paid to the Nursing Homes by the Superintendent Health Visitor.

SECTION 26 — VACCINATION AND IMMUNISATION

General

The important work under this section was continued throughout the year by the Department and was again greatly assisted by the General Practitioners in the Borough.

The importance of vaccination and immunisation cannot be over emphasised.

Poliomyelitis

A total of 1,306 persons under 16 years of age completed a primary course of vaccination and 1,353 persons under 16 years of age received reinforcing doses during the year.

The comparable figures for 1965 were, primary 1,913, reinforcing 889. Details, by age group, are as follows:—

Primary Courses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Quadruple D.T.P.P.	-	-	-	-	-	-	-
Salk	-	3	-	-	-	-	3
Sabin	169	713	159	78	137	47	1,303
Totals	169	716	159	78	137	47	1,306

Reinforcing Doses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Quadruple D.T.P.P.	-	-	-	-	-	-	-
Salk	-	-	-	1	6	1	8
Sabin	1	13	29	17	969	316	1,345
Totals	1	13	29	18	975	317	1,353

Diphtheria Immunisation

A total of 1,283 persons under 16 years of age completed a primary course of vaccination and 1,186 persons under 16 years of age received reinforcing doses during the year.

The comparable figures for 1965 were, primary 1,649, reinforcing 1,566 Details, by age group, are as follows:—

Primary Courses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Quadruple D.T.P.P.	-	-	-	-	-	-	-
Triple D.T.P.	307	692	104	31	33	7	1,174
Diphth./Pertussis	-	-	-	-	-	-	-
Diphth./Tetanus	1	5	13	15	45	30	109
Diphtheria	-	-	-	-	-	-	-
Totals	308	697	117	46	78	37	1,283

Reinforcing Doses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Quadruple D.T.P.P.	-	-	-	-	-	-	-
Triple D.T.P.	1	43	143	41	269	32	529
Diphth./Pertussis	-	-	1	-	1	-	2
Diphth./Tetanus	-	1	21	10	396	207	635
Diphtheria	-	-	-	-	19	1	20
Totals	1	44	165	51	685	240	1,186

Whooping Cough

A total of 1,174 persons under 16 years of age completed a primary course of vaccination and 531 persons under 16 years of age received reinforcing doses during the year.

The comparable figures for 1965 were, primary 1,547, reinforcing 650. Details, by age group, are as follows:—

Primary Courses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Quadruple D.T.P.P.	-	-	-	-	-	-	-
Triple D.T.P.	307	692	104	31	33	7	1,174
Diphth./Pertussis	-	-	-	-	-	-	-
Pertussis	-	-	-	-	-	-	-
Totals	307	692	104	31	33	7	1,174

Reinforcing Doses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Quadruple D.T.P.P.	-	-	-	-	-	-	-
Triple D.T.P.	1	43	143	41	269	32	529
Diphth./Pertussis	-	-	1	-	1	-	2
Pertussis	-	-	-	-	-	-	-
Totals	1	43	144	41	270	32	531

Tetanus

A total of 1,297 persons under 16 years of age completed a primary course of vaccination and 1,166 persons under 16 years of age received reinforcing doses during the year.

The comparable figures for 1965 were, primary 1,649 reinforcing 1,546. Details, by age group, are as follows:—

Primary Courses

Type of Vaccination or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Quadruple D.T.P.P.	-	-	-	-	-	-	-
Triple D.T.P.	307	692	104	31	33	7	1,174
Diphth/Tetanus	1	5	13	15	45	30	109
Tetanus	-	2	-	-	1	11	14
Totals	308	699	117	46	79	48	1,297

Reinforcing Doses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959-62		
Quadruple D.T.P.P.	-	-	-	-	-	-	-
Triple D.T.P.	1	43	143	41	269	32	529
Diphth./Tetanus	-	1	21	10	396	207	635
Tetanus	-	-	-	-	1	1	2
Totals	1	44	164	51	666	240	1,166

Smallpox Vaccination

A total of 618 persons under 16 years of age were vaccinated and 31 persons under 16 years of age were revaccinated during the year.

The comparable figures for 1965 were, vaccinations 684, revaccinations

Details, by age group, are as follows:—

Age at date of vaccination	Number of persons vaccinated or revaccinated		Number of cases specially reported		
	Vaccinated	Revaccinated	(a) Generalised vaccinia	(b) Post-Vaccinal Encephalomyelitis	Death from complications of vaccination other than (a) and (b)
0-3 months	8	-	-	-	-
3-6 months	35	-	-	-	-
6-9 months	22	-	-	-	-
9-12 months	38	-	-	-	-
1 year	334	-	-	-	-
2-4 years	145	5	-	-	-
5-15 years	36	26	-	-	-
Total	618	31	-	-	-

SECTION 27 — AMBULANCE SERVICE

There was no change in the administration of the service in Wallasey, which has had a joint Fire and Ambulance Service since the beginning of the National Health Service in 1948.

The vehicles and staff continue to operate from the Central Fire Station at Manor Road and from the sub-station at Pasture Road, Moreton.

The vehicular strength at 31st December, 1966, was as follows:—

- (a) 8 ambulances, each capable of conveying 3/4 persons in an emergency:
- (b) 2 omni-coaches for sitting cases, each capable of conveying 13 persons, and a vehicle with a rear lifting platform for wheel-chair cases operated from the gear box of the vehicle;
- (c) one car for long distance journeys.

The appointment in October of a Hospital Transport Officer has greatly contributed to the overall operational efficiency of the service, especially as it affects the relationship with local hospitals. The appointment is a joint one, 50% of the salary being borne by the Health Committee and 50% by the North Wirral Hospital Management Committee.

There was also an increase in the establishment of two leading drivers during the year, and the authorised establishment at 31st December, 1966, was, therefore, 32 driver attendants, 7 leading drivers, 2 sub-officers and 1 station officer (Hospital Transport Officer).

The number of patients conveyed during the year was 42,494, a slight decrease from last year's total of 44,206. However, the vehicle miles travelled during the year was 179,318 compared with 177,257 in 1965. A contributory factor of this increase in mileage is the number of long distance journeys to hospitals outside the borough in respect of patients requiring more specialised treatment.

The gas and air (analgesia) outfits used by the domiciliary midwives are serviced regularly at the Fire and Ambulance Service headquarters. The control room has a weekly rota of midwives on duty and any member of the public having difficulty in obtaining a midwife on the district can obtain help by dialing 999 and asking for Ambulance Service (Maternity).

The Table on page 52 gives full details of all the cases conveyed during the year.

AMBULANCE SERVICE—NUMBER OF CASES CONVEYED—1966

52

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Street, Works & Domiciliary Accidents or Sudden Illness	191	190	188	215	314	241	238	278	198	244	232	241	2,770
Urgent Admissions	322	236	251	251	244	244	237	234	253	276	273	274	3,095
Mental Health Cases	16	12	14	18	13	29	18	19	13	14	22	31	219
Malicious False Alarms	2	2	2	2	4	4	3	6	7	3	3	1	39
Maternity Admissions	49	50	58	44	38	54	41	41	35	36	44	45	535
Infectious Diseases	24	31	30	32	28	39	39	30	26	32	26	29	366
Admissions booked in advance	80	90	72	59	71	66	60	62	66	57	65	47	795
Outpatients & Clinics	2,689	2,542	2,452	2,226	2,693	2,526	2,338	2,133	2,205	2,437	2,675	2,444	29,360
Gas & Air Sets & Midwives	-	1	2	3	1	-	3	-	-	16	-	-	26
Others	346	428	507	347	524	443	321	321	521	611	489	319	5,177
Mortuary	13	6	10	14	14	4	8	3	7	11	10	12	112
Totals	3,732	3,588	3,586	3,211	3,944	3,650	3,306	3,127	3,331	3,737	3,839	3,443	42,494
Mileage	17,759	14,596	12,443	11,954	17,307	14,620	13,661	16,626	12,818	17,374	14,029	16,131	179,318

SECTION 28 — PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

1966	1965	1964	1963	1962	1961	1960	1959	1958
39	29	32	39	43	50	78	84	77

No. of Primary Notifications.

Pulmonary	34 - 23 men 11 women
Non-pulmonary	5 - 1 man 4 women

Classification of Non-pulmonary cases.

1 Erythema Nodosum	1 Renal TB	1 TB Orchitis
2 Endomitritis		

Deaths		Death Rate per 1,000
Pul.	Non-pul.	
8	-	0.76

No. of Notified cases of Tuberculosis on Clinic Register.

1st January, 1966	995
31st December, 1966	975
Transfers from other areas	6
Lost sight of cases returned	-
New cases diagnosed during the year	39
Total Visits by Health Visitors:-	
TB cases	1,267
Others	977

Prevention.

No. of new contacts examined during 1966	389
No. of new cases diagnosed during 1966	39
Contact Rate	9.09
No. of new cases detected by contact examination	-
No. of new cases detected by School contract examination	-
Home Nursing treated	38
Home Nursing total visits	1,554
B.C.G. Vaccinations	143
Children Mantoux positive at School	28
No. of contacts attending through above	67
No. of Mantoux positive children at School who attended Clinic	26

Care.

Families receiving clothes etc.	28
Housing defects reported by Health Visitors	5
No. of patients receiving milk	5
No. of cases rehoused	-
No. referred to the Education Dept.	1
Home Helps	6
Free School Meals	-
Meals on Wheels	8

Dr. J. Baxter, Consultant Chest Physician, reports as follows:—

“The number of new cases of Tuberculosis has increased from 29 last year to 39 this year. There are 34 pulmonary and 5 non-pulmonary. As usual the proportion of males is higher. New cases have occurred almost entirely in males over 45 - a total of 20 out of 23 and only in 3 females between 55 and 65. This rise is disturbing but does not seem to indicate a new outbreak, but rather a breakdown of chronic middle age tuberculosis which had not been detected in spite of a Miniature Mass Radiography Campaign in 1965.

The figures for 1967 will indicate whether there is a true rise in TB incidence, but this year's increase shows that there is no room for complacency and the Public Health and Clinic Services must continue their close co-operation. General Practitioners should be encouraged to use the valuable Miniature Mass Radiography Services for prompt examination of cases still at work, who are unwilling or unable to attend day clinics. Only 4 cases in the under 25 age group shows that the School B.C.G. Campaign continues to be very valuable in prevention.

The Health Visitors have done even more work this year visiting 1,267 tuberculous homes and also making 977 visits to cases of other chest diseases. In addition, they visit Cleaver Hospital weekly to discuss the problems of in-patients. They are in close and friendly touch with the Hospital Medical Social Worker who helps and advises willingly. These ladies are a most valuable addition to the Clinic services and give great comfort and help to sick and worried patients and relatives.

The Home Nursing Service have done more work for us this year treating 38 patients, and making a total of 1,554 visits. All patients have been most grateful for the cheerful and efficient service given by these hard-working nurses. If one thinks on the saving of hospital beds reflected by 1,554 visits, their value is very apparent.

The contact rate per case this year was 9.09 and 389 contacts were seen. This rate illustrates the excellence of the Health Visitors in persuading so many busy mothers to bring their families. No active cases were found but many young contacts were protected by B.C.G. vaccination.

The Home Help and Meals on Wheels Services have co-operated again this year in their usual efficient and cheerful way.

The slight temporary rise, we hope, in TB cases this year will only serve to stimulate the Public Health and Hospital Services to more close co-operation and effort together.”

Vaccination of School Children with B.C.G. Vaccine.

Every year since 1953, B.C.G. vaccination has been offered to all schoolchildren who have reached their thirteenth birthday. The purpose of this vaccination is to induce immunity to tuberculosis. Experience has shown over the years that the immunity conferred by this vaccination persists after leaving school and is still appreciable up to 24 years of age. This form of vaccination is only available from three sources - from the Chest Clinic for persons of all ages who are contacts of cases of tuberculosis; from Maternity Hospitals for newly born babies, and from the local authority for all schoolchildren over 13 years of age.

The local authority scheme has continued as in previous years. A preliminary skin test is given to ascertain those children who lack immunity to tuberculosis and who, therefore, should be protected by vaccination. This is followed some days later by the vaccination of these children. All those who show a positive reaction to the skin test are referred, with their close contacts, to the Chest Clinic, for a Chest X-ray to exclude or confirm the presence of pulmonary tuberculosis.

During the year 26 children who showed a positive reaction to the skin test, attended the Chest Clinic. Sixty seven persons who were close contacts of these children also attended for chest X-ray. As a result of these examinations no cases of active tuberculosis were discovered.

No. of children offered (per parents)	
B.C.G. vaccination	1,341
No. of children accepting (per parents)	
B.C.G. vaccination	1,029
No. of children Mantoux Tested	986
No. of children found Mantoux positive ...	27
Percentage of children found Mantoux positive	2.72%
No. of children found Mantoux negative ...	958
No. of children vaccinated with B.C.G. vaccine.	941
Re-examinations	
No. of children Mantoux retested	191
No. of children found negative	30
No. of children re-vaccinated with B.C.G. vaccine... ..	29

Provision of Nursing Equipment

In 1966 a total of 867 articles were issued as follows:-

Air Rings	63	Knee cages	42
Back Rest	139	Mackintosh Sheets	118
Bed Pans	131	Self Lifting Poles	11
Bed Tables	3	Tripod Sticks	17
Beds with Lifting poles	3	Male Urinals	52
Commodes	143	Female Urinals	3
Crutches	3	Wooden Bed Blocks	5
Dunlopillo Mattresses	8	Special Bedstead	3
Invalid Chairs	118	Enuresis Machine	5

All items of nursing equipment are now issued free on loan.

This service, which facilitates the nursing of patients in their own homes, is much appreciated by relatives.

The smaller items of equipment can be collected from the Health Department in the Town Hall, whilst arrangements are made for delivery in necessitous cases. Larger and heavier items are delivered by departmental van to the patients' homes.

Clean Linen Service for Incontinent Chronic Sick.

This service continues to prove invaluable in the nursing of patients in their own homes, and is much appreciated by patients and relatives.

The provision of clean draw sheets, rather than incontinence pads, is preferable in that no problem of disposal arises. The latter would create a very real problem, particularly in the smoke control areas of the borough.

The scheme is available to all persons requiring it, and all cases are investigated by the Superintendent of the District Nursing Service.

Fourteen sheets are left initially for each patient and replaced with clean as necessary - usually twice weekly.

The number of sheets issued during the year was 23,292 and the number of cases to whom sheets were issued totalled 154. The comparative figures for 1965 were 19,513 and 211 respectively.

In addition the nightdress service is available for necessitous cases and was used as necessary during the year.

Health Education

In last year's Annual Report reference was made to the Report of the Joint Committee of the Central and Scottish Health Services Council, on the subject of Health Education. One of the recommendations of this Report was that local authorities of sufficient size should appoint a Health Education Officer to devise, plan and co-ordinate the health education programmes of the area. In implementing this recommendation, Wallasey has this year joined with Birkenhead in appointing a health education officer to serve both towns. We were fortunate in securing the services of Dr. Fergusson, a man with qualifications, to be the first to occupy this newly-created post.

Shortly after commencing duty in May, Dr. Fergusson was involved in the department's campaign to encourage people to be vaccinated against poliomyelitis. This involved notices in the press and posters in public places,

on buses, ferry boats, at welfare and school clinics, in cinemas, public buildings, schools and libraries. The Wallasey police were most co-operative in loaning a loud hailer for use in public places. For the convenience of the public, the polio vaccine was made available at mobile clinics set up in schools, and at a garden fete, in addition to the regular clinics which continued to give the vaccine.

Later in the year, Dr. Fergusson planned a course of lectures on Health, Hygiene and Welfare at the Technical College, Withens Lane, for young people who have recently left school. These courses of lectures are now in full swing and form a regular part of the college educational programme. The lectures are carefully graduated, commencing with anatomy and physiology and continuing with subjects like skin care, personal hygiene, diet and health, dental hygiene, germs and infection, the prevention of infection, including the value of immunisation and leading on to the effects of neglecting the precepts of healthy living, such as venereal disease and lung cancer.

The lectures are supported by films or film strips.

A regular course of lectures is being given in schools. So far the subjects dealt with have been dental hygiene and the effects on health of smoking. These have been well received.

Messrs. Cadbury Bros. of Moreton have a pre-retirement group and Dr. Fergusson has given three lectures to them as follows:-

1. Health in Retirement;
2. First Aid in the Home;
3. Demonstration of Mouth to Mouth Resuscitation.

Each year one week is set aside nationally as Mental Health Week, to bring to the attention of the general public the need for voluntary effort in this field. Dr. Fergusson assisted in planning the Wallasey publicity for this campaign.

Lectures given to Wallasey Groups

Mother's Club, Moreton	Early Diagnosis of Cancer
Standing Conference of Women's Organisations	do do
Church Women's Fellowship	do do
Claremount Road Youth Club	Smoking & Cancer

The following films were hired during the year to show to the department's professional staff:-

Nutrition in Pregnancy.	Baby Feeding.
The Use of the Pill (Oral Contraception)	Family Planning
Depression in General Practice	Testing the Very Young
To Janet - A Son	

The Superintendent Health Visitor and her staff continue to play an important role in health education. Mothers who attend the child welfare and ante-natal clinics receive help and advice on all health matters. During home visits in connection with new born babies, infectious diseases, etc. the opportunity is taken of giving advice on matters affecting the health of the family as a whole. In addition, three health visitors assisted general practitioners in the running of their ante-natal clinics, and gave talks on mothercraft at each of the midwives ante-natal clinics.

The Health and Welfare Services handbook giving details of the Local Authority's services continued to be available and copies of "Better Health", the official journal of the Central Council for Health Education, were distributed free throughout the borough.

Full use was made of posters and leaflets issued both by the Ministry of Health and Central Council for Health Education.

The Authority continued to be a constituent member of the Merseyside Cancer Education Committee and to contribute to this organisation. The Administrator works in liaison with the Authority and lectures were arranged during the year and leaflets distributed throughout the borough.

Cytology Clinics for the Early Diagnosis of Carcinoma of the Cervix Uteri.

This new type of clinic was inaugurated on 2nd March, 1966 and since then a weekly session has been held on Wednesday afternoons at Water Street Clinic.

Following some Press publicity in the early months of this year, a very healthy response was obtained, and the clinic started with a waiting list of close on 200 women.

We decided, in the first instance, to make this service available to married women between the ages of 30 and 65 years.

General practitioners in the borough were informed of the proposed scheme and were asked if they wished to provide the service for their own patients, in which case the latter would be referred back to them, if they made application to this department.

Owing to a shortage of trained laboratory technicians, it has not been possible to do more than twelve "smears" per week. It has been gratifying that almost every woman who was given an appointment turned up, or notified us of her inability to do so - usually in time for another patient to be given the opportunity of filling the gap. Thus, the waiting list was reduced to about 15 just before Christmas, and we decided to ask the local newspaper to publish another article about the value of this service. This they did, and we were once again inundated with requests for appointments on which we are currently working.

Dr. E.I. Grant, Assistant Medical Officer reports as follows:-

"Although this clinic is intended to be for symptom-free "well" women, it is inevitable that quite a number of applicants take the opportunity of unburdening themselves to a woman doctor, and enumerating their gynaecological problems. It is not always easy to turn a deaf ear to such complaints, and due consideration and advice must be given to them before referring them back to their own doctors for such treatment as may be considered necessary. The majority of my clients express surprise that the procedure is so swiftly and comparatively painlessly performed.

We are fortunate in enjoying close co-operation with Dr. Green, the pathologist at the Victoria Central Hospital. She is most enthusiastic about this recent valuable advance in preventive medicine, and is always very helpful if we have any problems. We receive the reports on the smears within 7 - 10 days and are able to communicate these findings to the doctor or patient inside the two weeks, as promised.

I append some figures which give a picture of the first year's work of this new and exciting clinic which I am pleased and proud to have inaugurated for Wallasey. I am grateful, too, to the health visitor who gives me so much help and for the excellent secretarial assistance which enables the clinic to run smoothly and without loss of time.

It will be noted from the figures that a number of smears have to be repeated because of some doubtful changes in the cells, or because of the presence of some infection. Every effort is made to re-assure the person concerned that there is no immediate cause for alarm. In the event of the second smear still being doubtful, I make it a practice to ask for a third one to be taken by a gynaecologist, so that the condition can be followed up more satisfactorily.

At the time of going to press, we have had our first positive smear, and there is every hope that because of the early diagnosis, a complete cure will be obtained, following the necessary treatment which was given within a very short time of the discovery of the pre-cancerous condition."

The total number of women who attended for examination from the inception of the service in March until 31st December was 448, their ages being as follows:-

Ages.	
20 - 29 (who attended by special arrangement)	10
30 - 39	175
40 - 49	177
50 - 59	81
60 - 65	5
Total women attending	<u>448</u>

In six cases the results of the smears were "suspicious" and these cases were referred for further investigation.

In nine cases it was necessary to take repeat smears. The following is an analysis of the report of the pathologist at Victoria Central Hospital:-

Specimen unsatisfactory	5
Normal cells	413
Inflammatory changes	30
Trichomonas vaginalis	16
Monilia	1
	<hr/>
Total smears	465

The above summary includes eight cases in which two conditions were found.

In addition the Department is very grateful to the Family Planning Association for having taken 190 smears during the year.

Convalescence

Upon receipt of a recommendation from the family doctor or hospital consultant, arrangements are made for the applicant to take convalescence at one of the convalescent homes in the north-west.

The fee payable by the applicant is fixed by means of an assessment scale laid down by the Council which takes into account both regular income and expenditure incurred, allowances being made for various commitments. The balance of the fee is met from Council funds.

During 1966 seven patients were accommodated in the undermentioned homes:-

Sunray Convalescent Home, Abergele	1
Hansford House, Ilkley	1
Lear Home of Recovery, West Kirby	2
Mary Bamber Convalescent Home, Rhos-on-Sea	1
Sutcliffe Rhodes Lodge Convalescent Home, Birkdale	2

In addition the cost of patients being admitted to suitable convalescent homes can be defrayed by a private fund, although it was not necessary to draw upon this fund during this year.

Venereal Disease

I am pleased to report a slight decrease in the incidence of venereal disease compared with previous years. During 1966, a total of 191 Wallasey residents attended for treatment at the various centres. In both 1963 and 1964 the comparable number was 203. The number of cases of gonorrhoea, however, increased from 32 in 1965 to 33 in 1966.

Details of attendances at the various centres, during 1966 were as follows:-

	Syphilis	Gonorrhoea	Other Condi- tions	Total
St.James Hospital Birkenhead:	2	25	78	105
Royal Infirmary, Liverpool:	-	-	10	10
Seamen's Dispensary & V.D.Clinic, Liverpool -	-	8	68	76
	<u>2</u>	<u>33</u>	<u>156</u>	<u>191</u>

It will be noted that there is no treatment Centre in Wallasey, as it has been found that the majority of residents requiring treatment prefer to visit another area.

Details of the facilities available for treatment continue to be shown on the notices displayed in the public conveniences throughout the borough.

Chiropody Service

The Chiropody Service continued to make a definite contribution to the care of the aged in the community.

The following are details of treatments given during the year:-

(a) Number of patients registered	1,862
(b) Number of treatments given:-	
(i) Old Age Pensioners	10,686
(ii) Physically Handicapped persons	195
(iii) Expectant Mothers	Nil
	<u>10,881</u>

Of these 10,174 were given at no charge to the beneficiary and 707 were given where the beneficiary paid 3/-

There were 11 Chiropodists participating in the scheme at the end of the year, all of whom satisfied the conditions laid down in the Professions Supplementary to Medicines Act, 1960.

The patients can choose whichever Chiropodist he/she prefers and treatment is given in the Chiropodist's own surgery or, if necessary, in the patient's homes. During the year 7,456 treatments were given at the surgery and 3,425 treatments were given in the patient's homes.

The following are eligible for treatment in accordance with the Council's scheme:-

- (a) Male persons who are over the age of 65 and female persons over the age of 60.
- (b) Registered Physically Handicapped persons.
- (c) Expectant Mothers.

The minimum interval between treatments in all but exceptional cases is 6 weeks and each patient is required to make re-application after having had 9 treatments.

No charge is made for the treatment to persons in receipt of a Supplementary Pension or Allowance and all other applications are assessed in accordance with the scale approved by the Council and if accepted receive treatment free or at a reduced charge.

Fluoridation of Water Supplies

There has been no change in the position regarding the fluoridation of the public water supply.

In 1962 the Council passed a resolution in favour of such a measure, but unfortunately this decision has not yet been implemented, as the Wirral Water Board has stated that it would be impracticable to supply fluoridated water to any particular authority within the Board's area unless the other authorities to which they supply water are in agreement.

SECTION 29 - DOMESTIC HELP SERVICE

Mrs. Malcolm Falla, Home Help Organiser, reports as follows:-

"This year the Home Help Service quietly celebrated its 'coming of age'. It was in April, 1945 that the first two helpers were sent on cases, today there are 102, the equivalent of 68 full-time helpers.

In January, 1956, one of the original helpers, Miss Constance Hunt, was awarded the B.E.M., being the first home help in the country to be so honoured. Throughout the years, the service has always managed to maintain high standards and to recruit helpers of the right calibre, despite the attractions of factory work available in the borough.

Prolonged help is given to an increasing number of cases, thus relieving pressure on hospitals and Old People's Homes. Many old folk prefer an arrangement which enables them to keep their homes going; indeed there is everything to be said for encouraging their spirit of independence. Old people are more happy and contented living in their own home if they have a little help each week. In this way we ~~can~~ keep in touch with them and notify the doctor or hospital if they are taken ill or have a fall.

This year there has been an increase in the number of problem families to which help has been given, and cases in which the mother has had to go into hospital for psychiatric treatment. It will be seen by the following figures that the expansion of the service continues, the average number of cases dealt with each week being 350".

	Maternity	T.B.	O.A.P.	Others	Total
Applications received.	43	1	343	87	474
Applications accepted	43	1	334	87	465
Applications refused	-	-	11	-	11
Accepted cases cancelled owing to private arrangements, deaths, etc.	-	-	64	16	80
No. of cases help sent	44	1	515	83	643
Cases commenced prior to 1966	1	-	247	12	260
Hours worked	2,154	18	112,049 $\frac{1}{4}$	9,723 $\frac{1}{4}$	123,944 $\frac{1}{2}$
No. of hours sickness & accident benefit	-	-	-	-	4,632
No. of hours holiday pay	-	-	-	-	8,362
Total Hours...				136,938 $\frac{1}{2}$	
No. of helpers 31-12-66 ... Full time 31 - 68 full time (equivalent) Part time 71					

SECTIONS 28 and 51 - MENTAL HEALTH SERVICE

Introduction

Under Part III of the National Health Service Act, 1946, the Local Authority is responsible for the ascertainment of mental disorder, for arranging the admission of patients to psychiatric hospitals, and for work in the field of prevention, care, and after-care in the Community. Part II of the Mental Health Act, 1959, which became fully operative on the 1st November, 1960, adds to these duties, functions relating to the provision of training centres, the provision of residential accommodation and increases the emphasis in the care of mentally disordered in the Community.

Administration

The Medical Officer of Health is responsible for the administration of this service, and he, together with the other three Medical Officers of the Local Health Authority, is approved under the provisions of Section 28 of the Mental Health Act, 1959, as having special experience in the diagnosis or treatment of mental disorder and they deal mainly with mental subnormality.

Staff

The Senior Mental Welfare Officer returned from a one-year full time course in July, 1966, after obtaining the Certificate in Social Work at the Liverpool College of Commerce.

One officer was seconded to a two-year full time course in September, 1966, also at the Liverpool College of Commerce.

Mental Health Referrals during 1966

910 patients were referred to the Local Health Authority during 1966, a decrease of 66.

This is in line with the trend of the previous year to show a small reduction in referrals, away from the high water mark of 1,066 referrals in 1964.

General Practitioners

General Practitioners referred 222 cases during the year, a decrease of 10.

It seems that the three parts of the health service are now beginning to understand the functions of each other more clearly, and there is a tendency now to refer only patients who need help with some social problem before they can avail themselves of treatment, rather than use the Mental Welfare Officers as just an admission service.

The General Practitioners are encouraged to refer patients to the Consultant Psychiatrist either at Out-patient Clinics or by requesting a domiciliary visit.

This is a much better procedure than the frequent previous practice of referring patients initially to the Mental Welfare Officer either for what amounted to a preliminary psychiatric assessment or for immediate admission to hospital without the Psychiatrist having an opportunity to consider other methods of treatment.

After - care on Discharge from hospital

171 Referrals were made by hospitals on discharge, a reduction of 39.

There seems to be a general levelling out of referrals from all sources, and the intense build-up of work following on the inauguration of the Mental Health Act is now settling down to a more balanced level. Premature discharge of patients resulting in a "revolving door" policy instead of an "open door" policy, is less apparent. More time, care, thought, and planning now goes into the discharge of patients, thus preventing relapse, and giving the maximum support from all services during the crucial period of adjustment when first arriving home again. The method of referral varies from different Consultants and different hospitals, some preferring to send a duplicate copy of their discharge letter to the General Practitioner, others making personal contact by telephone, others send a brief note of diagnosis and treatment, some do not refer their patients for after-care at all; the first intimation in their case being from the General Practitioner that they have relapsed and require admission again. One regularly refers all patients for after-care at a weekly Case Conference.

Out-patient Clinics and Day Hospitals.

Out-patient clinics are held on five days a week in the various hospitals serving the Borough, and Priory Day Hospital in Birkenhead also treats patients daily. 172 Referrals were made from this source, a reduction of 9 on the previous year. This is one of the most rewarding sources to work with, constructive help being offered to persons living in the Community, with their social problems, assisting them to make a better adjustment to their lives, sometimes by giving material services, at other times giving guidance and advice with complex personal and family problems.

Police and Courts

The Police and Courts referred 55 cases, an increase of 9 on the previous year.

Other Sources

288 patients were referred by other sources, a figure very similar to 1965 when 302 were so referred. Many of these patients were referred by Consultant Psychiatrists, a further substantial number were self-referred, that is, people already known to the Department contacting their individual Mental Welfare Officer for help.

General

Apart from the overall decrease already mentioned and the increased part played by the Psychiatric Social Workers' Department at Deva Hospital, the pattern of referrals remains very similar to that of the last few years.

Admissions, Compulsory and Informal

There are two normal methods for admitting unwilling patients to hospital for observation. One is by means of the emergency procedure under the provision of Section 29 of the Mental Health Act, 1959, which requires a medical recommendation from only one Doctor, usually the General Practitioner. The other method is as laid down in Section 25 of the Act, which requires medical recommendations from two Doctors. As one of these Doctors must have special experience in the diagnosis and treatment of mental disorder, the second procedure is obviously much to be preferred, being a safe-guard against unnecessary compulsory admission and also providing an opportunity for the second Doctor, usually a Psychiatrist, to consider the other forms of treatment at his disposal such as Out-patient treatment or attendance at a Day Hospital.

The Mental Health Act does not clearly lay down when the emergency procedure should be used and there has consequently been some tendency in certain areas to interpret the term somewhat loosely. In Wallasey however, great efforts have been made over the past couple

of years to use the emergency procedure as little as possible. Thus the number of emergency admissions (Section 29) has been reduced from 141 in 1963, to 103 in 1964, to 48 in 1965, to 32 in 1966. This has not been easy as the anxieties raised in others by acute mental illness results in great pressure being applied to all concerned in the admission to have the patient taken to hospital as soon as possible.

This continuing reduction in the use of Section 29 has of course resulted in some increase in the use of Section 25, in fact from 16 admissions in 1963, to 48 in 1964, to 63 in 1965 to 73 in 1966.

In the use of the Admission for Treatment under Section 26 of the Act (a longer term measure for the compulsory admission and treatment of patients) there has been a notable decline from 26 in 1964 to 7 in 1966. This points firmly to an increased willingness on the part of patients to enter and/or remain in hospital and is borne out by the increase in the number of patients admitted informally from 269 in 1964, to 321 in 1966.

Community Care Prevention

There are two ways of helping to prevent the development of serious and chronic mental illness. The first is by early detection and treatment; the second is more complex and involves the understanding and acceptance that certain situations and experiences can predispose a person to mental illness and emotional breakdown and therefore attempting to modify or prevent such situations and experiences.

The Mental Welfare Officers are involved in both these methods of prevention. His contact with large numbers of people in the community leads him to chance discovery of early cases of maladjustment which, in co-operation with the General Practitioner, he can either help himself or bring to the notice of the Psychiatrist. He also tries to ensure that early cases referred by others working in the community are not allowed to develop into serious breakdowns but receive early attention. In the second method of prevention, the Mental Welfare Officer can help by trying to limit the effect one patient can have on his or her family.

For instance, certain mothers - often already patients - can through disordered relationships with their children have a deeply pathogenic effect on the children and if her relationship with them can be modified or improved, much later unhappiness and emotional disturbance can be prevented.

In prevention however, the mental health service must work in a background of constant health education designed to inform the community and those working within it of the broad principles involved in the satisfactory emotional development of children and explaining the danger signals which should lead people, their parents or their spouse, to seek help. In addition, this work has much common ground with many other Agencies - Child Care, Health Visitors, Midwives, Probation Service and the Child Guidance Clinic and co-operation with these services must be further developed. Mental illness should not be seen in isolation but also as a family breakdown.

After-care and Pre-care

Pre-care can be regarded as the care of the patient before his or her admission to hospital but after the initial request for help. The Mental Welfare Officer supports the patient and his family through this difficult period. One of the main characteristics of mental illness is the breakdown or impairment of relationships between the patient and those around him. Using Casework techniques the Mental Welfare Officer tries to ease these difficulties, accepting, understanding and explaining the feelings of guilt, rejection, unworthiness, insecurity, anxiety and depression which exist in and also around the patient.

Whenever possible, contact is maintained with the patient while he remains in hospital so that the Mental Welfare Officer-Patient relationship can be resumed with a minimum of difficulty when he is discharged.

In the After-care of patients many of the above remarks apply. In addition, the patient needs to become rehabilitated, needs to be able to settle down in the community again. Self esteem has to be cultivated, feelings of inadequacy need to be expressed and worked through. Prolonged hospital treatment in particular can lead to a loss of independence and an inability to make decisions. The Mental Welfare Officer, treating the patient with respect and avoiding making decisions for him, trying to help him feel a whole person with rights and dignity, helps him take his place as a full and self-respecting member of society.

All this work, however, is extremely time consuming. Many patients need months of frequent regular and lengthy interviews if any real progress is to be made. Unfortunately this is often not possible. The demand on the time of Mental Welfare Officers is so great that much of the work is "first-aid" in nature visiting at times of crises to admit to hospital, or to relieve immediate stress or to bring real but brief and transitory comfort.

Sub-Normal and Severely Sub-Normal

The Local Authority Register of Subnormal and Severely Subnormal persons living in the community and being visited by Mental Welfare Officers at 31st December 1966, showed the following:-

16 years and over

Males	60	
Females	56	Total - 116

Under 16 years

Males	25	
Females	18	Total - 43

Total - 159

These figures exclude all subnormal children of school age being dealt with by the Education Authority, many of whom will be referred later for help and supervision on leaving Claremount School for Educationally Sub-normal. A number of these will doubtless be admitted to the Adult Training Centre either immediately on leaving school or later if they have failed to adjust satisfactorily or settle in outside employment.

The opening of this Centre has inevitably brought to light some cases which were previously concealed and in addition, referrals and requests for admission are now frequently received from such sources as the Employment Exchange, Children's Department, General Practitioners, Consultants etc.,

Severely physically and very severely mentally handicapped persons are not suitable for admission to the Adult Training Centre, but those under 16 years will be catered for when the Special Care Unit attached to the new Junior Training Centre is completed and ready for occupation.

Apart from the provision made for Spastics up to 18 years by the Spastic Society at Shrewsbury Road, Birkenhead, there will be no occupation or training available for those severely handicapped subnormal people once they reach 16 years, as the provision of Day Centres by the Hospital Boards has not yet been made.

During the year there were 20 new referrals from the Borough. Two patients died, one left the district, and ten were admitted to hospital.

There were still nine awaiting admission to institutional care at 31st December, 1966, five of which were very urgent cases. To ease the period of waiting or give relatives a break, 34 admissions were made to temporary care involving 22 patients as under:-

16 years and Over

Males	8
Females	4

Under 16 years

Males	5
Females	5

Despite the provision of additional hospital beds and the admission of 10 persons during the year, the waiting list is virtually unchanged as 11 additional applications have been received. The practice of allocating beds for temporary care patients hinders the long-term admissions, but does at least enable a large number of families to benefit from temporary relief. In other cases relatives are often greatly relieved to find that their children actually benefit from periods of separation (Short - term Care) and this brings greater peace of mind and lessening of tension, particularly where relatives have been excessively worried about the future care of a handicapped member of the family.

Routine visiting continues as usual, but in addition it is possible to see many of the subnormal adults and juniors in the environment of the Training Centres where, their behaviour often differs considerably from that to be witnessed in their own homes.

As far as the seniors are concerned, the past year has been largely one of adjustment but the trainee settled down in the Centre well and all managed to find their own way by public transport - a remarkable achievement and social advance for some of them. It is, however, unfortunately inevitable that special transport will later have to be provided when some of the less socially capable children are transferred from the Junior Training Centre.

All who see the work done at the Training Centres are amazed to find how capable many of these people are when given the training, encouragement and praise which is so essential to their progress and fulfilment. When their abilities and special problems are better understood it is hoped that the tolerance needed to facilitate the integration into open industry will gradually become more widespread and many will be helped to become productive and self-supporting members of society.

Table 1

Mental Health Act, 1959.

	Male	Female	Total
Section 29 (Admission for Emergency Observation).			
St.Catherine's Hospital Annexe	14	7	21
Moston	-	1	1
Deva	6	4	10
	<u>20</u>	<u>12</u>	<u>32</u>
Section 25 (Admissions for Observation)			
St.Catherine's Hospital Annexe	18	32	50
Moston	-	2	2
Deva	4	16	20
Cheadle Royal	-	1	1
	<u>22</u>	<u>51</u>	<u>73</u>
Section 26 (Admission for Treatment)			
St.Catherine's Hospital Annexe	-	1	1
Moston	-	1	1
Deva	1	3	4
Sefton	-	1	1
	<u>1</u>	<u>6</u>	<u>7</u>
Section 60 (Court Order)			
Moss Side	<u>1</u>	<u>-</u>	<u>1</u>
Informal Admission			
St.Catherine's Hospital Annexe	45	86	131
Deva	27	57	84
Moston	12	41	53
Priory	1	14	15
Greaves Hall	10	7	17
Westminster House	6	-	6
Thingwall Hall	6	-	6
Ashton House	-	3	3
Cheadle Royal	2	-	2
Rainhill	1	1	2
Orchard Dene	1	-	1
Rathbone	1	-	1
	<u>112</u>	<u>209</u>	<u>321</u>
Total Admissions			
Informal	112	209	321
Compulsory	<u>44</u>	<u>69</u>	<u>113</u>
	<u>156</u>	<u>278</u>	<u>434</u>

Table 2
Compulsory Admissions.

Year	Section 29	Section 25	Total of Sections 29 and 25.	Population Adjustment 3%	Percentage of 29's to 29 and 25.
1961	110	48	158	153	70%
1962	146	29	175	170	83%
1963	141	16	157	152	90%
1964	103	43	146	141	70%
1965	48	63	111	109	43%
1966	32	73	105	102	30%

Compulsory Admissions To Hospitals For The — Mentally Ill

Table I

1. It will be noticed that there is no hospital within the County Borough admitting patients for treatment of mental illness.
2. The majority of admissions go to St. Catherine's Hospital, Birkenhead, and the Deva and Moston Hospitals, Chester.
3. Whilst the total number of patients going to both Birkenhead and Chester is approximately equal in number, there are approximately twice as many compulsory admissions to Birkenhead as there are to the Chester hospitals. There are twice as many males admitted compulsorily under Section 29 to St. Catherine's as there are females.
4. The reason for this is that Birkenhead is nearer and is the first hospital to be approached in cases of emergency.

Table II

1. The number of Section 29 admissions has been reduced steadily from a peak of 146 in 1962 to the lowest figure yet - 32 in 1966.
2. The number of Section 25 admissions has increased from 16 in 1963 to 73 in 1966, showing that great efforts are now made to try and obtain a second medical recommendation where compulsory observation is necessary.
3. The total number of compulsory admissions under both Section 29 and Section 25 has been reduced from 175 in 1962 to 105 in 1966, showing that informal admission is the preferred method of admission.
4. The percentage of informal admissions has increased from fifty-six and a half% in 1962 to seventy-four and a half% in 1966.

Section 29 should be used if the patient and/or other persons in the community are likely to suffer unduly, come to harm or be placed in danger, if there is a delay whilst a second medical recommendation is obtained. Section 29 should not be used because it is a more convenient procedure and the Mental Welfare Officers endeavour to put this into practice.

The Borough is now well served with out-patient clinics, a day hospital, and good working relationships and communication with hospitals, consultants and general practitioners exist..

It is proposed to provide a day centre at 'Chapel Hey' when the financial situation allows and the ten year development programme provides for an increase in social workers to improve the preventive and after-care visiting service.

	Number of Patients Admitted to Hospital			Number of Patients Visited			Number of Visits		
	Informal	Compulsory	TOTAL	Mentally Ill	Sub-Normal	TOTAL	Mentally Ill	Sub-Normal	TOTAL
JANUARY	22	7	29	124	43	167	275	56	331
FEBRUARY	22	6	28	102	41	143	213	62	275
MARCH	26	10	36	154	41	195	315	49	364
APRIL	24	13	37	115	39	154	266	64	330
MAY	23	8	31	143	42	185	308	53	361
JUNE	28	11	39	142	44	186	410	61	471
JULY	30	5	35	192	54	246	449	66	515
AUGUST	31	12	43	191	37	228	390	64	454
SEPTEMBER	25	10	35	177	43	220	297	51	348
OCTOBER	31	7	38	176	65	241	420	80	500
NOVEMBER	31	11	42	191	39	230	399	59	458
DECEMBER	28	13	41	164	54	218	364	95	459
T O T A L	321	113	434				4,106	760	4,866

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED
31st DECEMBER, 1966

Referred by	Mentally Ill			Psychopathic			Subnormal			Severely Subnormal			Total
	Under age 16		16 and over	Under age 16		16 and over	Under age 16		16 and over	Under age 16		16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	
General practitioners			67										222
Hospitals, on discharge from in-patient treatment	3	--	61			2						1	171
Hospitals, after or during out-patient or day treatment			54							1			172
Local education authorities									1		1		2
Police and courts	1	--	25			1							55
Other sources			88						3		3	1	288
Total	4	--	295			3			4		4	1	910

	Mentally Ill				Elderly mentally infirm		Psychopathic				Subnormal				Severely subnormal				Total		
	Under age 16		16 and over		M	F	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over				
	M	F	M	F			M	F	M	F	M	F	M	F	M	F					
Total number	4	4	67	151																	385
Attending training centre																					
Awaiting entry to training centre																					
Receiving home training																					
Awaiting home training																					
Resident in L.A. home/hostel	1		7	12																	21
Awaiting residence in L.A. home/hostel	1		1	5																	20
Resident at L.A. expense in other homes/hostels																					
Resident at L.A. expense by boarding out in private household																					
Attending day hospitals			10	20																	30
Receiving home visits and not included in lines 2-10																					
(a) suitable to attend a training centre																					
(b) others	2	4	44	110																	22
																					205

Training Centres For The Sub-Normal And Severely Sub-Normal

(a) Junior Centre

The Junior Centre, situated at 4, Hale Road, Wallasey, continued to accommodate mentally sub-normal children from the County Boroughs of Wallasey and Birkenhead. The present building has many shortcomings and during the year plans were prepared by the Borough Architect and approved by the Health Committee for the construction of a purpose-built replacement Centre, adjacent to the Adult Centre in Pasture Road, Moreton. It is hoped to obtain necessary loan sanction from the Ministry in 1967 so enabling building works on the new premises to commence at an early date .

The Deputy Medical Officer of Health continued to make regular monthly visits of inspection to check on the health of those attending the Centre.

The staff comprises a Supervisor, Senior Assistant Supervisor and five Assistant Supervisors, and during the year arrangements were made, as previously, for a member of the staff to attend a One Year Course leading to the Diploma for Teachers of the Mentally Handicapped. Unfortunately, the placement had to be cancelled as the member of staff resigned for domestic reasons.

The holidays of the Centre correspond with those of the junior schools and children are conveyed to the Centre by special bus.

Miss I. MacDonald, the Supervisor reports:—

“The following time table has been carried out during the year:—

- i) Sense Training and general behaviour;
- ii) Activity. Indoor and outdoor;
- iii) Manipulative work.
- iv) General knowledge and the three R's.
- v) Music.

Movement, co-ordination and posture of the trainees have been improved by the use of gymnastic and balancing equipment which was kindly donated to the Centre during the year. These activities help the child in self discipline; and the competitive spirit encourages the more timid sub-normal child to do as well as his friends.

Visits have been made during the year to the Police and Fire Stations and it is hoped to commence swimming sessions for some of the trainees early next year.

Capable seniors are taught to use the sewing machine and make many useful articles. Simple cooking is also attempted but this is limited under present conditions. The proposed new Centre will incorporate a Domestic Science Section.

Birthday parties are held regularly. Two open days were arranged during the year - one during the summer term and the other at Christmas.

The Annual Sports Day in Harrison Park and outing to Southport were held in July".

The number of children on the register as at 31st December, 1966 was 70. (Birkenhead 40; Wallasey 30.)

(b) Adult Training Centre

The Training Centre opened in January 1965 and was planned to provide 100 places for sub-normal adults from both Wallasey and Birkenhead County Boroughs. It was found, however, that by utilising an additional section for the training of the higher grade trainees, that the complement could be increased to 120; 70 places being ear-marked for Birkenhead residents and 50 for Wallasey residents. The cost of operating the Centre is accordingly apportioned between the two authorities.

The staff comprises the Chief Training Officer; Deputy Chief Training Officer, 2 senior instructors, 7 instructors, one driver handyman and the appropriate domestic staff.

Arrangements were made for the Chief Training Officer to attend the One Year Full-time Course at the Harris College, Preston, commencing in September, 1966 and leading to the Diploma for Teachers of the Mentally Handicapped. In his absence, Mr. B. Spence, his Deputy, reports as follows on the operation of the Centre:

"There are two main sections:-

(i) The Work Centre:

(a) Work of a repetitive nature is carried out in the main contract room and occupies approximately 60 trainees. The work carried out is that of packaging, parcelling, labelling, dismantling and the assembly of components.

(b) In addition, creative work is undertaken in the woodwork section including the production of eight types of wooden stools; decorators' pasting tables, etc. The wood cutting machines are operated by the trainees.

(ii) Training Units:

(a) Pre-employment Unit. This unit is comprised of the higher grade trainees, who, it is envisaged, will be fitted for outside employment after this more arduous form of training.

(b) Training Units where instruction is given in the following:- industrial work; domestic work; hygiene; self-help; communications; basic three R's; beauty culture; crafts. etc.

A programme of social development has been carried out over the past twelve months and it is pleasing to note that trainees, who before attending the Centre were only partially able to understand money values; deportment and the necessity for cleanliness, are now fully aware of these matters, so fitting them more for community life.

(c) Pay award scheme. The award scheme which provides for four different categories gives an incentive to the trainees to enter into the work and training programmes. Additional pay to those in the pre-employment unit provides a further incentive, as does the introduction of conditions allied as closely as possible to those in open industry; i.e. clocking-on boards; time sheets, etc.

Visits were arranged during the year to local factories and places of interest. Discussions were held before and after the visits. The rewards of such a programme are being realised in that one trainee has been recommended for the eight week course at the Industrial Rehabilitation Unit in Aintree, leading to possible employment in a local factory.

Adventure Club. This club is held each Tuesday evening and is run by members of staff and associate members - young people coming from youth clubs in the area on a voluntary basis. The programme of the club includes many forms of recreational and social activities. Members of the Adventure Club will also be attending a week-end camp at the Heswall Boys' Camp on two occasions during the summer and a mid-week camp is to be held at the Barnston Mixed Camp for boys and girls.

Sports Day. A successful Gala and Sports Day was held in July and it is hoped that this will be an annual event.

We greatly appreciate the keen interest shown by the Wallasey Society for the Mentally Handicapped and also the Wirral Society for the Mentally Handicapped, not only in their generosity in purchasing certain equipment, but also their support and understanding in the ambitious and far-seeing programme of training being given at the Centre".

"Chapel Hey" Mental Health Residential Rehabilitation Hostel.

Introduction.

The first residents were admitted to "Chapel Hey" on 25th April, 1966. This hostel is the first of its kind to be opened in the borough. The Superintendent and Assistant Matron were appointed some few weeks previously and prior to the hostel taking its first residents, members of the local community were invited to view the hostel. The response was particularly encouraging. The programme was designed to familiarise the general public with the aims and functions of the hostel and to allay any fear regarding the presence in the community of a project of this nature. Arising from the Open Day, offers of help and support for this venture were many and varied. Talks to local voluntary organisations, e.g. Mothers Union and Church Groups by the Superintendent also paved the way for the acceptance of the hostel and a greater awareness of the problems confronting those unfortunate enough to have suffered from mental disorder.

Accommodation.

(a) Staff.

The Superintendent and Assistant Matron reside in a self-contained bungalow built in the grounds of the hostel. The main hostel was designed to accommodate two resident staff, but in view of the difficulty of recruitment, this section of the building has been used to provide a mother and baby unit or family unit, as necessary, for rehabilitation purposes.

(b) Residents.

Accommodation is provided for 36 residents, each having a single room. Each resident is provided with a key to his/her room and is responsible for its cleanliness.

The rooms on each of the first and ground floors have differently designed furniture and the decor is varied to avoid uniformity.

The building comprises two main wings. There are three large lounges for residents where television, stereophonic sound or peace and quietness may be enjoyed.

A large hall with pleasing decorations is used for social and club activities further details of which are given later in the report.

Aims and Functions.

The purpose of the hostel is to provide sheltered accommodation to patients on discharge from hospital and offer guidance and support for their eventual return to the community. This is attained by sympathetic counselling and orientation to the case requirement.

The establishment of a good relationship between the Hostel and the community and the Local Authority Health and Welfare Services and

also of potential employers is of paramount importance.

Residents are encouraged to promote this relationship and after obtaining employment and their eventual discharge, to continue contact with the hostel and Local Authority Welfare and Mental Welfare Services, through the Social Club.

One of the basic principles of the Mental Health Act, 1959, is the establishment by Local Authorities, of a comprehensive community care service for all types of mentally disordered persons not requiring hospital treatment. Residential accommodation is an essential part of this service.

Residential accommodation is needed whenever a home with relatives is either not available or is unsuitable, and when living in lodgings is not advisable because of the isolation this is likely to cause.

In some cases, where a mentally ill patient has been discharged into a family where tension and hostility has developed, a short stay in a hostel may prevent further breakdown without any additional hospitalisation being required. Other patients require periods of residence in sheltered conditions. In the latter case, priority is given to those who are potentially self-supporting either in open or sheltered employment. A proportion of these eventually settle in ordinary lodgings, thus freeing places for new residents.

i) Rehabilitation.

On admission, the resident undergoes an intensive period of social rehabilitation. In the majority of cases, particularly where they have been admitted from hospital, residents demonstrate a basic inadequacy and lack of confidence. This is invariably the aftermath of a long period in hospital where, as a patient, they tend to become totally dependent on hospital staff.

At "Chapel Hey" they are encouraged to develop their own individual personality with emphasis placed on stimulating self-confidence. This is attained by developing a homely therapeutic atmosphere with the minimum of supervision, and by offering support and by living within the accepted code of society. As residents live together as a large family group, one of the fundamental cases of psychiatric breakdown is avoided i.e. that of social isolation. The interactions between residents enables them to develop patterns or modes of behaviour which are compatible with the general community. The strengthening of individuality is indicated by the fact that the majority of residents are eventually discharged into the community in open gainful employment. The length of stay varies and is dependant on the nature of the illness and the response to a supportive therapeutic environment, and averages six months. Details of case histories are given later in the report.

ii) Work placement.

All residents are interviewed on several occasions by the Disablement Resettlement Officer of the Ministry of Labour either at "Chapel

Hey" or at his office. This procedure not only enables the D.R.O. to formulate the basis for a good relationship between himself and the resident, but also to assess them for their work potential. In most cases residents are placed on the Disablement Register and are sent to the Industrial Rehabilitation Unit, Stopgate Lane, Liverpool for a period of vocational assesment. If suitable, they are then offered a course of training under the Government Training Scheme. When placed in open employment, close contact is maintained with the employer who in turn offers a great deal of support to the resident.

Much interest in this project has been shown by the Wallasey Disablement Advisory Committee, members of which have not only visited "Chapel Hey" but have invited the Superintendent to their meetings to report employment progress and have given expert advice and assistance in cases of special difficulty.

Staffing.

The staff comprises Superintendent; Assistant Superintendent; two Assistant Matrons; day and night attendants and appropriate domestic staff. The day and night attendants work under the direction of the qualified psychiatric staff, the emphasis being placed on a permissive attitude, minimal supervision, and the development of a homely atmosphere of therapeutic value. Uniforms are not worn and staff and residents mix freely and dine together in a communal dining room, thus avoiding the creation of a resident/staff barrier.

Liaison With Other Branches Of The Mental Health Services.

Being an integral part of the mental health services provided by the Authority, close liaison between the Superintendent and the Mental Welfare Officers is maintained, together with various agencies whether statutory or voluntary, who can give expert advice in rehabilitation measures, e.g. Ministry of Labour, Ministry of Social Security, Child Care, etc. Regular case conferences are held in the hostel and facilities are available for interviews thus maintaining a good case relationship.

Admissions.

Wallasey cases are referred from local psychiatric hospitals by Consultant Psychiatrists to the Medical Officer of Health, and are visited by the Superintendent and Mental Welfare Officer prior to admission. As a preventive measure, cases may be admitted direct from the community thus avoiding possible admission to hospital. Such cases are referred by the psychiatric out-patient clinic, or directly by their own general practitioner, through the mental welfare officers.

Referrals from neighbouring authorities are considered for admission on their obtaining the consent of the Medical Officer of Health of the Authority in which they reside.

Charges.

Each resident is required to contribute towards his/her maintenance at the hostel, in accordance with a scale laid down by the Council. The scale of charges is based on the recommendation of the Association of Municipal Corporations and County Council Association. In formulating the method of assessment the associations bore in mind the fundamental principle that mentally disordered persons should be encouraged to work for pay. Where a resident cannot earn, the Ministry of Social Security is prepared to make an allowance to enable him/her to pay a proportion of the cost of his keep. Additionally, residents may have capital assets and other income and these are taken into account in assessing the amount to be paid.

House Meetings.

Meetings are held each Wednesday evening to which all residents are invited to attend. At these meetings, which are also attended by social workers, the residents are encouraged to offer their criticisms, constructive or otherwise, which enables them to see themselves as participating members who can contribute to further rehabilitative processes at "Chapel Hey".

Social Club.

Social Club functions are held each Monday evening and are attended by not only residents and ex-residents but also those referred by their general practitioner and from Psychiatric Out-Patient Clinics in the area.

The programme is drawn up by an elected representative committee who are responsible for all social functions. There are at present 50 members, the Club having opened on the 10th September, 1966.

Interview facilities are available for either resident or non-resident cases with mental welfare officers.

Social functions have included several dances to which hospital in-patients have been invited together with members of the Richmond Fellowship House, Chester. Future activities include the First Anniversary Dance to celebrate the opening of "Chapel Hey" and a Fancy Dress Ball.

Mother & Baby Club.

Members of the Moreton "Mother and Baby Club" have, since September, 1966, been holding their meetings in the Social Centre. Whilst this has been a temporary measure due to structural alterations to the Okenholt Clinic, it has enabled the younger members of the community to be enlightened as to the aims and functions of "Chapel Hey" and has formed the basis for better understanding of the problems confronting those suffering from psychiatric illness.

Case Histories.

The following two case histories illustrate the nature of the work being done at "Chapel Hey":—

i) Miss.....aged 47 was admitted to "Chapel Hey" in August 1966. Prior to her admission she had been receiving in-patient treatment for 14 years at a large psychiatric hospital. Her parents had died whilst she was in hospital and her relatives were unable to offer her accommodation and the necessary support she obviously needed to remain in the community. A State Registered Nurse, she had been in the employ of a local authority as a District Nurse before the onset of her illness.

On admission her assets were under the control of the Court of Protection and she was suffering from the aftermath of a long period in hospital, namely institutionalisation. She lacked confidence and was totally inadequate particularly in handling her own finances and in her ability to make even a minor decision. After a period of social rehabilitation during which she was encouraged to mix in the community and to make small purchases of clothing etc. she was found employment in a local hospital as an auxiliary nurse with the proviso that she would eventually be engaged as a full-time trained nurse. Miss..... has been attending out-patient clinics and due to her remarkable progress the Court of Protection order has been discharged.

She has renewed her old social contacts in the area and is an active member of the Social club. It is anticipated that she may be discharged within the next 6 months.

ii) Miss aged 25 was admitted to "Chapel Hey" in November 1966. An unmarried mother with a child aged 18 months she had a history of numerous admissions to psychiatric hospitals. Her parents were separated. She had been diagnosed as being an inadequate personality.

On admission with her child she was encouraged to care for the child fully and received a great deal of support not only from the staff but also from her fellow residents. Prior to her admission to hospital she had received some training as a copy typist and she expressed a desire to return to work of this nature.

Arrangements were made for her to attend a commercial training course at the College of Further Education which she could attend as a day release. During her studies the child attended the local Day Nursery. She was encouraged to make social contacts and to participate in social activities within Chapel Hey and the community.

To date she has done extremely well at her studies and has successfully attained a pass in an examination held by the English Speaking Board. She takes her typing examination early in 1967.

Proposed Future Projects at "Chapel Hey".

a) Day Centre for the Elderly Mentally Infirm.

Among the elderly are many who suffer from deterioration of mental faculties often associated with old age. Some require prolonged care in a nursing home, or in the psycho-geriatric ward of a general or psychiatric hospital. A large proportion however, do not require admission to hospital but need only a measure of observation and supervision within the community.

It is the latter type of case which it is proposed to admit to the "Day Centre" at "Chapel Hey".

Relatives are faced with not only the problem of the care of the elderly but also the added responsibility of the day to day running of the household, including that of looking after the younger members of the family.

This problem manifests itself particularly when the elderly person requires supervision and is confused. The scheme will give relatives under excessive stress much needed relief and may well prevent a breakdown within the family unit.

In addition there is the greater problem of the elderly person of this category who is living alone but who could be admitted to the Centre on a day basis.

b) Residents Project.

As "Chapel Hey" is in the centre of the new Sandbrook Housing Estate it has been noted by the residents that a large number of elderly people have been re-housed in the area in flats and in the residential flatlets at "Cherry Tree House".

It has been proposed by the residents that a "Senior Citizens' Club" be opened at "Chapel Hey" to cater for their social needs. The club will be opened in March 1967 and a committee has already been formed to deal with the social activities.

Admissions from 25th April to 31st December 1966.

Authority	Female	Male
Wallasey	17 + 1 child	9
Cheshire	1	3
Birkenhead	4	-
Liverpool	-	1
Totals	22	13
Admissions from Hospital	20	11
Direct from Community	2	2

Nature of Disorder

Sex	Neurosis	Psychosis	Personality Disorder	Sub-Normal
Female	11	9	-	-
Male	5	8	1	1
Totals	16	17	1	1

Discharges

Nature of Discharge	Male	Female	Total
Discharged to Hospital for further treatment	3	1	4
Discharged into community in full-time employment	2	6	8
Discharged home (over age of 65)	-	1	1
Total Discharged			13

ENVIRONMENTAL HEALTH SERVICES

- I) Report of the Chief Public Health Inspector on the Environmental Health and Hygiene of the Area.
- II) Report of the Chief Weights and Measures Inspector relating to Food and Drugs Act, Fertilisers and Feeding Stuffs Act etc.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR ON THE ENVIRONMENTAL HEALTH AND HYGIENE OF THE AREA.

I have pleasure in presenting my annual report on the work of the public health inspectors during the year 1966.

Slum Clearance

The Tobin Street Compulsory Purchase Order, Field Road Compulsory Purchase Order, St. Albans Road Compulsory Purchase Order, Oakdale Road Compulsory Purchase Order, Victoria Cottages Clearance Order, Prescott Street Clearance Order & Barnston Lane Clearance Order were approved by the Council and await confirmation. These areas contain 87 unfit houses.

One Demolition Order was made and the house demolished. Two voluntary Undertakings to demolish and two Undertakings to close unfit houses were approved by the Council. One Undertaking to close part of a house was also approved.

This year commenced the new five-year slum clearance programme which was approved by the Council in 1965 and affects 375 unfit houses.

Housing Act, 1961

Steady if slow progress is being maintained to bring houses in multiple occupation up to a better standard by enforcing the provision of suitable washing facilities, cooking and food storage facilities, lighting, heating and the provision of a sufficient number of baths and water closets. The provision of these amenities is usually carried out at a high cost to the owners and therefore they are reluctant to improve their premises beyond the minimum requirements and much discussion takes place before final agreement is reached.

Clean Air Act, 1956

Good steady progress has been made in the abatement of atmospheric pollution. The Wallasey (Breck Road) No. 11 Smoke Control Order came into operation on the 1st October. The total number of houses in the 11 areas now in operation is 18,500, which is 57% of the total houses in the borough. The Wallasey (Warren) No. 12 Smoke Control Order was confirmed in December and is due to come into operation on the 1st October, 1967. This area contains 1,750 houses and 70 other premises.

Offices, Shops and Railway Premises Act, 1963

Once again I am pleased to report excellent progress

both in regard to the number of general inspections carried out and also the number of contraventions remedied. 70% of the registered premises were inspected during the year and now all the registered premises in the borough have received at least one general inspection. Improvements have been secured in 54 offices, 354 retail shops, 3 wholesale shops and 27 catering establishments and canteens. Guarding of machinery has involved the department in many visits and during the year special attention was given to slicing machinery in retail shops. A letter was sent to all shopkeepers possessing the older models of this type of machine informing them that the guarding of the machines was unsatisfactory and that more suitable guards were now available which could easily be fitted to the existing machines. The response to this letter has been most encouraging.

Meat and Food Inspection

During the year, due to the illness and subsequent death of my valued colleague Mr. Owen, much of the work of this specialist section was absorbed by the department.

Food Hygiene

I am pleased to report an increase in the number of inspections of food shops and catering premises. The total inspections during 1966 were 2,760 an increase of 604 over the previous year. The owners of one cafe who had previously been warned regarding their premises not complying with the Food Hygiene Regulations again allowed the cafe and kitchen to deteriorate, giving rise to unsatisfactory and dirty conditions. Legal proceedings were taken against the owners of the business, the magistrates found the defendants guilty on all counts and imposed total fines of £60 with £10.10s.0d. costs.

Noise Abatement

Complaints of noise from an industrial premises and an amusement arcade, the ringing of church bells and the excavation of the new Mersey Tunnel were investigated during the year. The main complaints were regarding the tunnel boring and blasting and this entailed numerous visits and interviews with householders and the contractors. The latter were always helpful and willing to carry out our recommendations in order to reduce the noise level to the minimum possible.

Staff

During the first nine months of the year the department had a full staff of public health inspectors, but for the last three months has been one inspector below establishment and it was not possible to fill this vacancy.

Three of the staff were successful in obtaining further qualifications.

May I again express my appreciation for the support received from the Chairman and members of the General Health Committee and from the Medical Officer of Health. My thanks are also due to my colleagues in other departments for their co-operation and assistance. Lastly may I thank all the members of my section for their efforts throughout the year, making special mention of Mr. Shaw, my Deputy, for his keenness and enthusiasm.

ABATEMENT OF NUISANCES

The nuisance provisions of the Public Health Act have again been the mainstay for the remedying of defects at dwelling houses. Towards the end of the year, following experience of long delays in securing the remedying of defects at certain premises within the borough, it was considered advisable to bring into operation the use of Section 26 of the Public Health Act, 1961, which provides for accelerated procedures of dealing with defective premises. Four notices were served under this section. Complaints during the year numbered 2,826, as compared with 2,512 in 1965. 22,916 visits were made to dwelling houses. 1,108 preliminary and 884 statutory notices were served during the year. Below is a summary of the defects remedied.

Dwelling Houses

	Defects remedied:
Roofs repaired... ..	471
Gutters and Spouts repaired or renewed ...	270
External walls and chimneys repaired	149
Damp Proof courses provided	92
Yards paved or repaired... ..	57
Internal walls and ceilings repaired	210
Doors, Windows, repaired or renewed	140
Floors repaired or renewed	73
Rooms, passages, etc., cleansed or redecorated	3
Staircases, handrails repaired	1
Fireplaces, stoves, flues, repaired or renewed	23
Sinks, baths, washbasins, repaired or renewed	41
Food stores provided or improved	12
Water supply improved or reinstated	86
W.C.'s cleansed or redecorated	7
W.C.'s repaired or provided	206
Soil/waste pipes, repaired or renewed	63
Drains cleansed from obstruction	92
Drains repaired or improved	16
Drainer boards repaired or renewed	8
Miscellaneous Improvements effected	125
Total ...	<u>2,145</u>

General Environmental Public Health Nuisances Abated

	Notices Abated
Removal of Offensive Accumulations	11
Cleansing of Ditches and Streams	-
Cinemas, Dance Halls: Contraventions ...	-
Schools: W.C.'s - Repairs and Renewals ...	-
Schools: Other Nuisances	-
Other Improvements effected	89
Public Conveniences Improved	-
Keeping of Animals	2
Total ...	<u>102</u>

Total Number of Notices Served (All Acts)

	Served	Abated
Preliminary	1355	1207
Statutory	1166	1161
	<u>2521</u>	<u>2368</u>

Legal Proceedings (Cases heard)	5
No. of Nuisance Orders applied for	3
No. of Nuisance Orders obtained	3
Total amount of fines and costs	£17.18s.0d.

In addition to the above two cases were withdrawn in Court on payment of £5. 5s.0d. costs.

No. OF FOOD BUSINESSES EXISTING WITHIN THE BOROUGH AT 31st December, 1966

Classification according to the areas administered
by the District Public Health Inspectors

Type	Seacombe	Egremont	Poulton	Liscard	New Brighton	Wallasey Village	Moreton	Total
+ * School Kitchens and Canteens Local Authority Hostels	10	8	5	7	7	8	11	56
+ * Nurseries, etc.	1	3	-	3	3	-	4	14
+ * Other Local Authority Premises	1	1	6	1	2	1	3	15
+ * Grocers	12	33	14	17	16	16	19	127
+ * Cafes	8	6	3	2	74	5	4	102
+ * Greengrocers	9	20	13	20	11	18	15	106
+ * Confectioners and Bakehouses	6	8	9	9	7	12	12	63
+ * Sweets	17	32	14	28	35	26	26	178
+ * Butchers	10	13	7	14	7	11	14	76
+ * Fried Fish	8	8	3	8	10	3	10	50
+ * Shellfish and Refreshment Stalls	-	-	-	-	25	-	4	29
+ * General	23	8	8	27	14	5	12	97
+ * Food Preparing Premises ..	2	-	1	2	4	2	4	15
+ * Wet Fish	4	6	2	5	2	3	3	25
+ * Chemists and Druggists ..	6	7	5	6	4	6	7	41
+ * Club Premises and Canteens	11	6	4	12	9	11	13	66
+ * Licensed Premises	17	11	9	23	28	13	14	115
+ * Miscellaneous	-	2	1	3	-	-	-	6
+ * Supermarkets	-	1	1	3	1	10	6	22
TOTALS	145	173	105	190	259	150	181	1203

* All premises fitted to comply with Reg.16.

+ All premises fitted to comply with Reg.19.

FOOD AND DRUGS ACT, 1955: FOOD HYGIENE

Food Premises

No. of Visits to All Premises 2,760

Viz—

(a) Cafes, etc.	338
(b) School Meals	87
(c) Other F.P.P.	184
(d) Licensed Premises	306
(e) Ice Cream: (Visits re Registration)...	9
" " Manufacturing Premises	31
" " Sales and Storage Premises	563
(f) Food Shops	2,116
(g) Sec. 16b Premises	153

Work Carried out under Food Hygiene Regulations

Premises cleansed or repaired	128
Equipment cleansed or repaired	46
Hot, cold water supply provided, or improved	21
Sinks, washbasins provided or improved	22
Food storage facilities provided or improved	8
Personal hygiene improved	8
Sanitary accommodation cleansed, repaired or improved	25
Miscellaneous improvements effected ...	95
Total ...	<u>353</u>

Registered Food Premises

The Minister of Health has requested that a classification of registered premises be included in this report. The required information is as follows:—

	No. of Premises	No. of Visits
Section 16(a) Food and Drugs Act, 1955	601	603
Section 16(b) Food and Drugs Act, 1955	178	153
Total	<u>779</u>	<u>756</u>

(N.B.—A classification of the types of premises registered under section 16(a) is given in the part of the report dealing with ice cream).

Summary of Types of Food Premises Registered under section 16 (b) Food and Drugs Act, 1955

Bakehouses, Meat Pies	46
Meat Pies and Cooked Meats	19
Butchers, Sausages	51
Sausages and Cooked Meats	27
Grocers, Potted Meats	2
Boiled Hams	9
Cooked Meat Factories	2
Other Premises, Meat Pies	4
Chicken Roasting	18

Bacteriological Sampling (Food)

Seven samples of cooked meats were obtained for routine bacteriological examination. There is no bacteriological standard for this type of food but where results were not satisfactory in the view of the Department follow-up visits were made to highlight routine cleaning and handling methods for this type of food.

CONTROL OF ICE CREAM PREMISES

130 samples of ice cream were subjected to the methylene blue test, 12 of them were placed in Grade 3 and 35 in Grade 4 - the "unsatisfactory" grades. 70 samples were taken from eleven Wallasey manufacturers, ten of which failed to reach the standard suggested by the Minister. Sixty samples were taken of ice cream manufactured outside the borough and 7 of these were placed in Grade 3 and 30 in Grade 4. A summary of the gradings is given in succeeding pages. 603 inspections of ice cream premises were made, 9 of the visits being in respect of new registrations to sell ice cream.

Ice Cream Statistics-Relative To The Year 1966

Registrations Approved

Sale and Storage	1
Manufacture, Sale and Storage	Nil
Total ...	1

Registrations Refused	2
Registrations Cancelled	Nil

Number of Premises on Register at close of Year

Storage only	4
Storage and Sale	584
Manufacture, Storage and Sale	13
Total ...	601

ICE CREAM SAMPLING, 1966

Classification of Samples by Location of Manufacturer.

Ice Cream Manufactured in Wallasey

	No. of Samples
Grade 1	58
Grade 2	2
Grade 3	5
Grade 4	5
Total ...	<u>70</u>

Ice Cream Manufactured outside Wallasey

	No. of Samples
Grade 1	16
Grade 2	7
Grade 3	7
Grade 4	30
Total ...	<u>60</u>

Sampling during the year was mainly concentrated on "soft" ice cream, two thirds of the samples being of this type. The manufacture of soft ice cream (viz, the freezing) is completed in a machine either in the shop or vehicle and sale takes place directly from the freezer. Strict attention to hygiene is necessary to give a bacteriologically sound product and unsatisfactory results have been obtained from certain manufacturers located outside the Borough. Three Wallasey manufacturers showed unsatisfactory samples. In one case the sterilising agent used was found to be out of date and this probably was one of the main reasons for the unsatisfactory samples, as subsequent samples were all Grade I and the sterilisation routine of this manufacturer has been demonstrated to be satisfactory by top gradings over the years.

In the second case a defect in the equipment rather than a lack of hygiene was found to be the problem and this was quickly rectified.

In the third case it was only possible to obtain infrequent samples and although advice on correct methods of sterilisation was given, it was not possible to judge the result. The remaining third of the samples were of the type of ice cream generally classified as "hard" and in the main, these proved to be satisfactory. Of the manufacturers involved, only one showed unsatisfactory results. All this type of ice cream is manufactured outside the Borough.

In all cases of unsatisfactory results from manufacturers whose premises were outside the borough the local Public Health Inspectors were contacted and follow-up visits were made by them to locate and eliminate the cause of the poor gradings. Close co-operation between local authority staffs is essential when dealing with mobile trading of this type and it is my view that licensing of such traders, with powers to withdraw the licence should unsatisfactory conditions apply, would assist Inspectors in the control of this particular commodity.

Result classified according to identity of Manufacturer

Ice Cream sampled at point of sale within the
County Borough District of Wallasey during 1966

Factories outside Wallasey-Table I.

Manu- facturer Code No.	No. of Samples examined	No. of Samples in Provisional Grades				Grading of Manu- facturer by Ministry of Health recom- mended Standards	
		Grade 1	Grade 2	Grade 3	Grade 4	Satis- factory	Unsatis- factory
1	2	2	-	-	-	Not classified	
2	6	4	1	1	-	*	
3	10	6	3	1	-	*	
4	24	3	1	1	19		*
5	1	1	-	-	-	Not classified	
6	2	-	1	1	-	Not classified	
7	11	-	1	2	8		*
8	2	-	-	-	2	Not classified	
9	2	-	-	1	1	Not classified	
	60	16 (26.7%)	7 (11.65%)	7 (11.65%)	30 (50%)		

Factories located in Wallasey-Table II.

Manu- facturer Code No.	No. of Samples examined	No. of Samples in Provisional Grades				Grading of Manu- facturer by Ministry of Health recom- mended Standards	
		Grade 1	Grade 2	Grade 3	Grade 4	Satis- factory	Unsatis- factory
1	16	14	-	-	2		*
2	12	12	-	-	-	*	
3	4	4	-	-	-	*	
4	8	7	-	1	-	*	
5	7	7	-	-	-	*	
6	5	5	-	-	-	*	
7	14	8	2	3	1		*
8	1	1	-	-	-	Not classified	
9	2	-	-	-	2	Not classified	
10	1	-	-	1	-	Not classified	
	70	58 (83%)	2 (3%)	5 (7%)	5 (7%)		

NOTES-1. Figures in parenthesis denote percentages.

2. The indication "Not classified" in the Grading Columns of the
above Tables occurs where insufficient samples have been taken.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

Number of egg pasteurisation plants in the district	Nil
Number of samples of liquid egg submitted to the Alpha-Amylase test a	7

All samples satisfied the Alpha-Amylase test and Salmonella organisms were absent in all cases.

CONTROL AND SUPERVISION OF MILK SUPPLIES

Progressive policies of disease eradication and improved standards of hygiene have simplified many of the complexities which hitherto abounded in the control and supervision of milk supplies. The fact that bovine tuberculosis has been stamped out has been responsible for the ending of the very protracted investigations which inevitably followed when positive reports were received on the biological testing of samples, whilst the detection, removal and slaughter of the offending animals was often achieved only after the completion of intricate routine diagnostic work.

Pasteurised and sterilised milk forms the bulk of our daily liquid supply, but farm bottled or untreated milk is also available, being, as the description implies, a raw milk frequently derived from the Channel Island breeds.

A new grade of ultra heat treated milk is now being marketed. It is processed at a high temperature and cartoned and sealed in sterile circumstances, thus giving the product a long keeping life whilst the carton remains unopened, without resort to storage under refrigeration.

Samples of liquid milk continue to be obtained and submitted for statutory testing in relation to keeping quality and additionally, in the case of untreated milk, to routine biological examination to ensure its continued freedom from tuberculosis infection. Testing is also carried out for the presence of any of the brucellosis group of organisms which are responsible for contagious abortion in cattle and undulant fever in man, or the Rickettsia burneti organism which is responsible for Q fever in man.

I am indebted to the Director and staff of the Public Health Laboratory at Liverpool for the laboratory work undertaken in connection with milk supplies submitted by this authority throughout the year and for their willing assistance which is always available.

The following is a summary of sampling carried out during the year:-

	No. of samples obtained	Passes	Failures
Pasteurised milk	21	-	-
Phosphatase test	-	21	Nil
Methylene Blue test	-	17	4
Sterilised milk	6 each of which satisfied the prescribed turbidity test		
Untreated milk (farm bottled or cartoned supplies)	2		
Methylene Blue test	-	1	1
	Both samples were submitted to the Milk Ring test for Brucella Abortus and to the Animal Inoculation test for Tuberculosis, with negative results.		

Samples of milk were obtained from the following sources:—

Schools 5

Milk vending machines 3

Shop premises 4

Milk Depots 8

Milk delivery vehicles 9

Total No. of samples submitted for laboratory testing 29

12 complaints were received involving milk supplies and milk products. These related to the alleged presence of extraneous matter or foreign bodies, unwholesomeness and alleged unclean receptacles. Visits and interviews took place with dairy managements in connection with these complaints.

The Milk and Dairies (General) Regulations, 1959

The Milk and Dairies (Special Designation) Regulations, 1963.

With the exception of some bulk churn supplies to kitchens, all milk sold or distributed in the borough

comprised pre-packed supplies, which means that the milk, after farm collection and delivery to the various processing establishments situated outside the borough, is pasteurised and immediately bottled or cartoned. It is then transferred to the milk depots and retail shops throughout the borough, where the sales and delivery service to the consumer forms the final link in the chain of retail distribution.

Milk in Schools Scheme

During the year 2,479,610 one-third pint cartons of milk (103,317 gallons) were supplied under the milk in schools scheme, this being a decrease of 146,111 one-third pints of milk (6,088 gallons) over the quantity of milk supplied during the previous year.

Three dairy undertakings are responsible for making supplies to all the schools in the borough.

During the year the changeover to cartoned supplies was completed and now all school milk is cartoned, thus eliminating the possible dangers of undetected broken glass being taken into a child's mouth.

MEAT AND FOOD INSPECTION

Visits made to food shops and to other premises engaged in the distribution, preparation and handling of food resulted in the following foodstuffs being certified as unfit for human consumption:-

	Tons Cwts. Lbs.		
1. Meat at slaughter houses	-	2	22
2. Meat at retail shops	-	3	5
3. Cooked meat & meat products			21
4. Canned meats		4	78
5. Other foods	1	5	35
Total	1	15	49

104 consumer complaints were received, involving a wide range of foodstuffs. In 28 instances the complaints related to the alleged presence of foreign bodies or extraneous matter. Each complaint is fully investigated. In some cases where the investigation reveals negligence to be the cause of the complaint the institution of legal proceedings is considered necessary. 5 of the complaints resulted in prosecutions under the Food and Drugs Act and fines totalling £91. 5s.0d. were imposed.

WALLASEY LAIRAGES

Landing place for Irish and Isle of Man animals and foreign animals' landing wharf

This year 66,531 store and fat cattle were accommodated and subsequently despatched by rail and road transport from the lairage at this landing place.

Of the animals detained by the veterinary inspectors, 65 were slaughtered, as compared with 21 in 1965.

The use of this port slaughterhouse is confined exclusively to the slaughter of cattle in which, following disembarkation, evidence of illness or injury has been diagnosed by the Ministry's veterinary inspectors.

Post mortem examination of all carcasses, viscera and offals is carried out and the following is a tabulation of the diseased conditions met with and the condemnations made:—

Number killed	65
---------------	----

Number inspected	65
------------------	----

All diseases except Tuberculosis and Cysticerci

Whole carcasses condemned	Nil
---------------------------	-----

Carcasses of which some part or organ was condemned	35
--	----

Percentage of the number affected with disease other than tuberculosis and cysticerci	53.9
--	------

Tuberculosis only

Whole carcasses condemned	Nil
---------------------------	-----

Carcasses of which some part or organ was condemned	Nil
---	-----

Cysticercosis

Carcasses of which some part or organ was condemned	1
---	---

Carcasses submitted to treatment by re- frigeration	1
---	---

Generalised and totally condemned	Nil
--------------------------------------	-----

Total weight of meat and offal condemned

Meat 40 lbs.

Offal 215 lbs.

48 visits were made during the year to the slaughterhouse at this landing wharf.

PUBLIC HEALTH (SHELLFISH) REGULATIONS

Mussel and Cockle Beds - Moreton Leasowe and Wallasey Foreshore.

Shellfish from these layings continue to be gathered and, before being offered for human consumption, must be subjected to an approved process of sterilisation. This is in compliance with provisions contained in an order made by the Liverpool Port Health Authority under the Public Health (Shellfish) Regulations.

The sterilising plant used for this purpose is sited in the district of a neighbouring Authority in the Wirral Peninsula and, during the season, deals with the treatment of shellfish on a substantial scale, of which an appreciable quantity is collected by inshore men from areas beyond the limits of the local foreshore boundaries. Sterilisation is achieved by steam injection which ensures a reliable and economic means of attaining a high level of safety in shellfish supplies.

No reports of suspected illness or disease attributable to the consumption of shellfish obtained from these areas were received.

The Department acts in liaison with the Liverpool Port Health Authority, who are the enforcing Authority, on all relevant matters involving shellfish collection with the Borough.

MERCHANDISE MARKS ACT

Check visits and inspections were made for the purpose of ascertaining that meat and offal, etc., were correctly described on offer or on exposure for sale by retail.

DISEASES OF ANIMALS ACTS AND ORDERS

Notifiable Scheduled Diseases of Animals

Movement restrictions were imposed during the year by the Animal Health Division of the Ministry of Agriculture, Fisheries and Food for the purpose of controlling and preventing, the spread of swine fever. The declaration of Swine Fever Infected Areas, included Wallasey and involved the counties of Cheshire, Shropshire and Staffordshire, in which the movement of swine

was authorised only under licence granted by an Inspector of the Local Authority, and in certain cases only on a signed declaration made by the owner of the swine or his agent.

During the period of movement restrictions which extended from the beginning until the middle of May and, in compliance with permanent Movement Regulations which require the licensing of all swine moved from markets and saleyards, the following movements were authorised and effected.

26 swine comprising fats, baconers and stores were moved from breeders' and, feeders' premises in the Borough to slaughterhouses, and bacon factories situated outside the Borough . 597 stores were brought on to premises in the Borough from markets and saleyards and other premises situated at Shrewsbury, Montgomery, Birkenhead and Neston.

Visits were made to piggeries for the purpose of granting licences and to check on the isolation and detention of "bought-in" store pigs.

All farm animals and poultry in the Borough have remained free from disease and no notifications were received relating to deaths or suspected illness. The Borough was not geographically included in any control measures which were introduced relating to foot and mouth disease or fowl pest.

The usual visits were made to grazing lands for the purpose of ascertaining that the animals were receiving care and attention and that no unnecessary suffering was being caused.

The usual observations were made on inward vessels entering the Wallasey Docks system to ensure that no dogs, poultry, or hay or straw were being illegally carried for the purpose of being landed contrary to the Regulations which operate to prevent the introduction and spread of animal disease.

Letters, circulars and press notices relating to disease control and to new orders and regulations have been distributed and publicised during the year.

Poultry Inspection.

The Ministry of Health has asked for details of the number of processing premises within the district. There were no such premises in Wallasey during the year.

THE ANIMAL FEEDING MEAT AND THE MEAT STAINING REGULATIONS, 1959.

Visits and inspections were made to premises from which animal feeding meats are sold. This is to ensure that the animal feeding meat being offered for sale has been treated, processed or stained in the manner prescribed by the Regulations.

THE RIDING ESTABLISHMENTS ACT, 1964.

The Riding Establishments Act, 1964, provides powers to Local Authorities and requires the licensing of all riding establishments within their district. The Act requires initial reports to be furnished by an appointed veterinary surgeon and the duties of administration and enforcement, which were hitherto performed by the Local Police Authority, are now the responsibility of the General Health Committee.

At the commencement of the Act there were four licensed riding establishments in the Borough accommodating a total of 36 animals (31 donkeys and 5 ponies). The animals were subjected to initial and quarterly examination by the duly appointed veterinary surgeon, and his reports described the animals' individual condition as good, coupled with the general comment that they are well looked after. He describes the horses as suitable for children's riding and the donkeys for similar use on the beaches and foreshore.

The repairs and improvements to saddlery and stable accommodation requested last year have all been carried out.

HOUSING

Rent Act, 1957

PART I: Applications for Certificates of Disrepair

(1)	Number of applications for certificates	9
(2)	Number of decisions not to issue certificates	Nil
(3)	Number of decisions to issue certificates—	
	(a) in respect of some but not all defects ...	6
	(b) in respect of all defects	3
(4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule	6
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
(6)	Number of Certificates issued	3

PART II: Applications for Cancellation of Certificates

(7) Applications by Landlords to Local Authority for cancellation of certificates ...	1
(8) Objections by tenants to cancellation of certificates	1
(9) Decisions by Local Authority to cancel in spite of tenants' objection	1
(10) Certificates cancelled by Local Authority ...	1

Clearance and Demolition of Unfit Houses

Work was commenced during the year on the clearance of the houses in the Council's third five-year programme. The procedure is protracted, involving detailed inspection, the serving of notices and, where objections are lodged, the conducting of a public local inquiry by an inspector of the Ministry of Housing and Local Government. The following orders, etc., were made during the year:—

The Wallasey (Clearance Nos. 117 and 118) Oakdale Road Compulsory Purchase Order 1966.

17-27 Oakdale Rd.
35/37 — 55 Oakdale Road.

The Wallasey (Clearance No. 125) Tobin Street. Compulsory Purchase Order, 1966

6, 8 and 10 Tobin Street.
222/224 Brighton Street.

The Wallasey (No. 126) Victoria Cottages Clearance Order 1966

1, 2, and 3 Victoria Cottages.

The Wallasey (No. 127) Prescott Street Clearance Order 1966

6 - 12 Prescott Street.

The Wallasey (Clearance No. 128) Field Road. Compulsory Purchase Order 1966.

2 - 12 Catherine Street.
3 - 13 Catherine Street.
2 - 12 Eleanor Street.
1 - 11 Eleanor Street.
1 - 6 Constantine Terrace.
19-47 Field Road.

The Wallasey (Clearance No.129) St. Alban's Road
Compulsory Purchase Order 1966

25-43 St. Alban's Road.

The Wallasey (No.130) Barnston Lane Clearance Order
1966

24-32 Barnston Lane.

Demolition Orders

Ashleigh Cottage" Poulton Bridge Road.

Voluntary Undertakings to demolish:-

107 Town Meadow Lane.
1 Inglewood.

Voluntary Undertakings to close:-

30 Field Road.
19 Barnston Lane.
2 Prescott Street (part of the premises)

Closing Orders

None.

Progress Report of Action under Housing Acts, 1930-1961
Position as at 31st December, 1966.

	No. of dwelling houses demolished		Number of persons displaced
	Unfit	Other	
(1) Land coloured "pink"	1409	-	4033
(2) Land coloured "grey"	-	33	125

HOUSING ACT, 1957
Unfit Houses not included in Clearance Areas

	Number of houses	Number of persons displaced
(1) Housing Act, 1957:-		
(a) Houses demolished as a result of formal or informal procedure under Sec. 17 (1)	523	1565
(b) Local Authority owned houses subject to certificates of unfitness	45	98
(c) Houses closed in pursuance of an undertaking given by the owners under Sec. 17 ...	21	65
(d) Parts of buildings closed (Sec. 18)	24	51
(e) Houses made fit:-		
(i) as a result of formal notices under sec-9 to 12	416	
(ii) as a result of informal notices preliminary to formal procedure under Secs. 9 to 12	603	
(f) Closing Orders made under Section 17	13	19
(g) Demolition Orders determined and Closing Orders substituted under Section 26	-	-
(h) Demolition Orders quashed under Section 24	-	-

Houses in Multiple Occupation

The survey of houses of this type was continued during the year, when 44 houses were inspected. In each case an interview with the owner at the house was arranged and the requirements of the Housing Act, 1961, were explained and discussed. The Fire Prevention Officer and Building Inspector were present at these meetings. The houses surveyed comprised 155 apartments which were occupied, by 335 persons. 36 Statutory Notices were served under Section 15 of the Housing Act, 1961. Seven of the houses inspected required no works to be executed, and in one case the necessary work was completed without service of a notice.

The following table indicates the deficiencies existing in the apartments inspected:-

Natural and artificial lighting	... ..	11
Ventilation	... ..	12
Water Supply:-		
Hot	... ..	40
Cold	... ..	15
Personal washing facilities	... ..	12
Drainage	... ..	1
Sanitary conveniences	... ..	6
Facilities for: storage of food	... ..	98
preparation of food	... ..	12
cooking of food	... ..	3
Installations for space heating	... ..	13

During the year nineteen houses ceased to be let in multi-occupation and in 12 houses the work specified in Statutory Notices was completed.

The work under this Act involved 990 visits to sub-let apartments.

Overcrowding and Allocation of Tenancies

The Council continued to operate its Group-plus-Points Scheme for re-housing. Re-housing of families from unfit houses remains out-side the points scheme. The following summary shows the shares of lettings now in force.

Overcrowded, tenants, and sub-tenants)	
and not overcrowded sub-tenants)	85%
Health	12%
Emergency	3%

All overcrowding cases must have been overcrowded for at least one year to obtain the extra points allocated for overcrowding.

During the year, the housing circumstances of 291 families were investigated in connection with housing applications, 118 of these as a result of applications for inclusion in the Overcrowded group. 48 families were found to be overcrowded for the purposes of the points scheme, which employs a standard better than that of the Housing Act.

Applications for rehousing on health grounds showed a decrease of 14 on the previous year, 173 applications were considered and these are analysed below. It is only possible for the most urgent cases to be recommended for rehousing, and only 32 applicants in this class received the approval of the Medical Officer of Health. In 7 of these instances, the illness giving rise to the need of rehousing was pulmonary tuberculosis. The bulk of the applications came from persons suffering from old age, arthritis, heart disease and high blood pressure. These cases all require ground floor accommodation.

Housing Applications, 1965

Analysis of 291 families investigated as a result of references from Housing Department.

	Overcrowded Housing Points Act, 1936 Scheme		Not Over-crowded Points Scheme	Applications on Medical Grounds			
				Tuberculosis		Other Cases	
				Approved	Rejected	Approved	Rejected
Tenants	9	19	40	5	8	18	78
Sub-Tenants living in r'ms	13	29	30	2	2	7	53
Totals	22	48	70	7	10	25	131

Provision of New Houses

The Borough Architect has provided the following report on the provision of new housing accommodation:-

	During 1966	Post-War Period incl. 1966	In Progress 31/12/66
Houses erected by private enterprise	108	2324	96
Units of accommodation erected by Local Authority under Housing Acts	295	4784	498
Tenant Ownership Houses erected by Local Authority	-	174	-

INSPECTION OF FACTORIES

The number of factories on the register at the end of the year was 238. 280 visits were made. An abstract of the results of these inspections in the form required by the Minister of Labour is as follows:-

Administration of the Factories Act, 1961.
Inspections for Purposes of Provisions as to Health.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced	27	6	-	-
Factories not included in above in which Section 7 is enforced by the Local Authority	197	252	25	-
Other premises in which Section 7 is enforced by the Local Authority (including out-workers, premises)	14	22	-	-
Totals	238	280	25	-

in which defects were found

Particulars	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Defects of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)...	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.5)	-	-	-	-	-
Lack of Conveniences (S.7):- ..					
Insufficient	3	3	-	1	-
Unsuitable or defective	36	43	-	2	-
Not separate for sexes	-	-	-	-	-
Offences against the Act (including offences relating to outwork)	-	-	2	-	-
Totals	39	46	2	3	-

Outwork

Wearing apparel-making, etc. Number of outworkers in Aug.
list required by section 133 ... 2
Visits made 3

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The Offices Shops and Railway Premises Annual Reports Order, 1964, prescribes certain statistics to be contained in Local Authorities' Annual Reports. These are to be found in Table I. Some further detail has been recorded by the department with a view to indicating the actual environmental conditions found on inspection and this can be found in Table II.

In 1966 all seven district inspectors carried out general inspections of shops on their districts, office inspections being carried out by the Specialist Inspector. With the exception of a few seasonal premises, all registered premises have now received a general inspection and 39% of these premises have now been inspected for the second time.

The overall percentage of registered premises in the borough receiving a general inspection during the year exceeded 70% a 10% increase on last year. It is the aim of the department that each registered premises should receive a general inspection each year. The staffing position throughout the year has been generally satisfactory and this has contributed in no small measure to the good progress made in Wallasey in the enforcement of the Act.

Change of occupiers, closure of premises and occupiers no longer employing staff give rise to a "floating" section on the register and 129 registrations were cancelled during 1966. 137 new registrations were received giving 1,102 premises (an increase of 8) on the register at the end of the year.

Enforcement Of The Act

General

Of the 829 premises receiving a general inspection, contraventions were found at 576. Where contraventions are found, informal notices specifying the infringements are served on the persons concerned. At 438 of the premises where such notification had been given all the specified contraventions have now been remedied and these premises at the time of inspection complied fully with the Act. Where contraventions are outstanding they have often involved the employment of a contractor and delay is caused by the inability of contractors to commence the work immediately. A number of minor contraventions are also found when the second general inspection takes place. Example of these are incomplete first aid kit, missing abstract, etc., and a verbal caution has invariably quickly rectified the infringements.

The administration of the Act is now running smoothly and shop and office occupiers, having had the experience of at least one general inspection, are more aware of their responsibilities under the Act and are generally more co-operative in complying with the Regulations. Many items are raised by the department after examination of plans submitted for proposed new premises, which would, if not rectified, result in subsequent contravention of the Act. This is a valuable procedure which presents opportunities for discussion with the developers, often resulting in higher general standards.

Cleanliness (Section 4)

All premises and fittings must be kept clean and free from accumulations of rubbish.

125 contraventions were found with regard to cleanliness, a number of these being premises which were receiving their second inspection and it appears that many shops still have no set routine for cleansing at regular intervals. Lack of cleanliness is often found to bear a direct relationship to the standard of organisation prevailing in the premises. This is particularly apparent in this age of bulk purchase with consequent overloading of stock rooms. Under these circumstances untidiness and lack of organised method in storage is fatal to any attempt at routine cleansing. The problem is essentially one of laying down routine tasks and carrying them out unflinching. This is stressed to occupiers where unsatisfactory conditions prevail.

Overcrowding (Section 5)

Rooms in which people work must not be so overcrowded as to cause risk of injury to health. In this connection the space occupied by furniture and machinery, etc. is taken into account. In rooms other than those to which the public resort a minimum standard is laid down by the Act, with which all premises must comply by August, 1967. This relates to space per employee which must be 400 cu.ft. per person, discounting any ceiling height over 10 ft.

In two offices contravention of this minimum standard was noted and this will require rectification by August 1967. No other contraventions of this section were discovered.

Temperature (Section 6)

A reasonable temperature must be maintained in every workroom. A statutory minimum of 16°C (60.8°F) after the first hour for work other than that involving severe physical effort is specified by the Act. Safeguards are provided where this temperature may cause deterioration of goods and in this instance suitable effective points of heating must be provided and employees given reasonable opportunities to use them.

No problems have been experienced in offices in maintaining this temperature, even those to which the public resort (e.g. banks, etc.). Shops, however, present a totally different problem. Frequent goods deliveries involve doors standing open for substantial periods with consequent draughts and escape of warm air. 260 notifications of contraventions of this section were made but many of these related to the lack of provision of a thermometer only.

Ventilation (Section 7)

In all work rooms effective and suitable means of ventilation must be provided.

Only 38 contraventions were found during the year, these being on premises receiving their first general inspection. Again, in many instances simple repair to opening sashes of existing windows was all that was necessary.

In one recently constructed hairdressing establishment inspected, the combination of high humidity and poor ventilation supported extensive fungal growth on the walls, completely ruining decoration. Improvement of ventilation by the simple installation of an extractor fan has prevented any recurrence of this problem.

Lighting (Section 8)

Suitable and sufficient lighting must be provided and maintained in all parts of the premises where people work or pass.

55 contraventions were notified, but the bulk of these arose from failure of occupiers to replace defective and missing bulbs. In cases where lighting is very bad and improvement is required, and in cases where the department is asked for advice, Illuminating Engineering Society recommendations are suggested. These give a good standard which in general is probably only achieved in sales areas of modern shops and larger offices. The great bulk of premises fall in the mid-range, i.e. not up to Illuminating Engineering Society standards, but not so poor as to cry out for action..

Examples of recommendations of the Illuminating Engineering Society are given below.

Offices	Lumens per sq. ft.
General Offices	30
Business machine operation	45
Corridors	7
Stairs	10
Shops	
General areas	15 - 30*
Stockrooms	20
*with supplementary local lighting where necessary	

Sanitary Conveniences (Section 9)

Suitable and sufficient sanitary accommodation must be provided. The Sanitary Accommodation Regulations made under the Act which lay down numerical standards together with other conditions regarding privacy etc. came into operation at the beginning of this year.

Few places were found without sanitary conveniences, although in a number of cases additional conveniences were required to separate the sexes. The bulk of contraventions were due to lack of maintenance and lack of lighting, particularly to external sanitary conveniences. Artificial lighting from the mains is required except in exceptional cases where installation of wiring from the mains would be dangerous, or the expenses prohibitive. In these isolated cases, suitable battery lamps have been accepted. Instances of sanitary conveniences and intervening spaces being used for the storage of goods were frequently found.

Washing Facilities (Section 10)

Suitable and sufficient washing facilities must be provided, including a supply of clean running hot and cold water, soap, towels, etc. The Washing Facilities Regulations made under the Act, which detail the type and number of the facilities required relative to numbers of employees, came into operation at the beginning of the year.

Only 80 premises remain which have unsatisfactory washing facilities and all these have received notification of their obligations during the year. Next year should see all registered premises with satisfactory washing facilities.

Drinking Water (Section 11)

An adequate supply of wholesome water must be conveniently available to employees.

No problems have arisen here. 4 informal notices were sent to premises where compliance was required, in all cases connection to mains supply was practicable at reasonable expense. If the only source of drinking water is the tap serving the wash hand basin, a separate tap is always recommended.

Accommodation For Clothing (Section 12)

Suitable accommodation for hanging of outdoor clothing must be provided.

This presents few problems. 24 informal notices were served for premises where no facilities were found. In small premises there is little room for drying cupboards

and the drying of clothing is therefore largely dependent on the heating appliance provided and with small numbers of employees this arrangement appears to operate satisfactorily. In the larger premises central heating is commonplace and this usually extends to the cloakroom or staff room.

Seating (Sections 13 and 14)

Seats for sedentary workers must be suitable in design, construction and dimension for the worker. Foot rests must be provided if necessary. Where employees have opportunities for sitting without detriment to the work sufficient conveniently accessible seats must be provided. In shops such seats must be in a ratio of at least 1 to 3 employees.

I am pleased to report that all seating provided in offices was found upon inspection to be suitable and adequate for the employees' needs. It was found that where seats had been renewed following last year's general inspection, the majority of occupiers had provided adjustable seating.

11 cases of shops not providing seating in the ratio of 1 to 3 employees were found.

Facilities For Eating (Section 15)

Few employees appear to take meals on the premises and where they do adequate provision was found in all but 9 cases.

Floors, Passages And Stairs (Section 16)

All floors, stairs, steps and passages must be soundly constructed and maintained and kept free from obstruction and slippery substances. Handrails must be provided to staircases and open sides must be guarded. Openings in floors must be securely fenced.

A number of informal notices were served on the occupiers of shops for the removal of goods stored in passages and on staircases, although on the whole substantial improvements in storage have now been achieved, especially in shops previously inspected. Worn floor coverings are still commonplace and passages are still frequently found to be neglected areas.

No known instances now exist of staircases without handrails and trap door entrances to beer cellars have now all been improved, although this method of entry to cellars is difficult to render fully free from hazard. This type of entrance would not now be considered satisfactory in respect of new buildings or extensive alterations to old buildings.

Dangerous Machinery (Sections 17,18 and 19)

All dangerous parts of machinery must be securely fenced unless they are so placed or constructed as to be safe. No person under the age of eighteen years may clean any machinery if this exposes him to any risk of injury and on certain machines an untrained person may not work unless under supervision.

One of the common hazards encountered in shops was the lack of suitable guards to the fan blades of refrigerators. During the last twelve months the remainder of these have been suitably guarded. During the year a survey was carried out of all premises using power machines or slicing machines, whether power driven or hand driven and a register has been compiled. Accidents involving slicing machines are invariably serious ones and it was found that sixty slicing machines were fitted with a narrow type of front knife guard. The manufacturers of the machines now fit a broader fish-tail guard to give a much improved standard of protection to their latest models. The manufacturers have advised me that most of their earlier models can be fitted with the latest knife guard without alteration and at a small cost. All owners of the machines with narrow guards have been notified by letter of this fact, together with a recommendation that replacement of the narrow guard be made and I am pleased to state that we are receiving favourable response to this recommendation. Failure to use guards provided, particularly on gravity feed machines, is still observed and occupiers are warned of their responsibility in instructing their employees in the proper and essential use of these guards.

Prohibition Of Heavy Work (Section 23)

No person may be required in the course of his work to lift, carry or move a load so heavy as to be likely to cause him injury.

No case of contravention of this section was encountered during the year, although five of the accidents reported involved injuries due to lifting. Investigation of these did not suggest that the weights involved were excessive.

First Aid (Section 24)

A readily-accessible first aid box must be provided. The contents of boxes are prescribed and vary according to the number employed and the type of work performed.

314 notifications of contraventions of this section were made and a good proportion of these were to premises receiving their second general inspection, the occupiers of which had failed to re-stock the first aid box to the prescribed minimum standard.

Accidents (Section 48)

Under the Act it is compulsory for the occupier to notify an accident occurring on his premises, if it results in the injured person being absent from work for three days or more. 28 accidents were reported during the year and all were investigated; none proved fatal.

An analysis of notified accidents is set out below.

Cause	No. of accidents.
Falls: (a) on stairs	4
(b) tripping over stationary object	3
(c) slipping	5
Dropping objects whilst handling	
Struck by falling objects	6
Striking stationary objects	3
Injuries due to cutting equipment	
(a) slicing machines	Nil
(b) knives	1
Injuries due to lifting	5
Electric shocks	1

It was not found necessary in any of the above cases to give a formal warning or to institute proceedings. Two informal warnings were given.

TABLE I
REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	No. of premises registered during the year	Total No. of Registered premises at end of year	No. of premises receiving general inspection during the year
Offices	16	175	170
Retail Shops	94	800	576
Wholesale Shops	0	10	7
Catering Establishments	26	115	76
Fuel Storage Depots	0	2	0
TOTAL	136	1102	829

No. of visits of all kinds by
Inspectors to registered premises: 2180

“General inspection” means any inspection of premises to which the Act applies which is undertaken for the purpose of ascertaining whether all the relevant provisions of the Act and instruments thereunder are complied with regarding those premises. “Registered premises” means any premises in respect of which a notice under Section 49 of the Act has been received by a local authority and the expression “premises registered” shall be construed accordingly.

Class of Workplace	No. of persons employed
Offices	853
Retail Shops	3042
Wholesale Departments, Warehouses	58
Catering Establishments - open to public	810
Canteens	2
Fuel Storage Depots	8
Total	4773
Total Males	1531
Total Females	3242

Exemptions and Prosecutions

No exemptions were granted or prosecutions instituted during the year.

Inspectors

All the Public Health Inspectors are appointed under the Act; only 1 of these, however, devotes the whole of his time to the Act, a further 7 Inspectors carrying out inspections in addition to their other duties.

TABLE II

PREMISES AT WHICH CONTRAVENTIONS FOUND

Class of Premises	
Offices	51
Retail Shops	457
Wholesale Shops and Warehouses	16
Catering Establishments and Canteens	51
Fuel Storage Depots	1
Total	<u>576</u>

PREMISES AT WHICH ALL CONTRAVENTIONS
REMEDIED

Offices	54
Retail Shops	354
Wholesale Shops and Warehouses	3
Catering Establishments and Canteens	27
Fuel Storage Depots	0
Total	<u>438</u>

DETAILS OF CONTRAVENTIONS FOUND

Unregistered after verbal warning	10
Cleanliness	125
Overcrowding	2
Temperature	260
Ventilation	38
Lighting	55
Sanitary accommodation	223
Washing facilities	80
Drinking water	4
Clothing accommodation	24
Seating	11
Eating facilities	9
Floors, passages and stairs	116
Safety and operation of machinery	29
Noise and vibration	0
First aid facilities	314
Abstracts	329
Total	<u>1629</u>

ADMINISTRATION OF THE SHOPS ACT, 1950.

The number of routine visits to shops was 1205 and 38 reinspections were made to secure abatement of the contraventions summarised in the following table.

Nature of Contraventions remedied	
Notice and documents provided	21
Hours of Employment	
Contraventions detected and remedied ...	Nil
Hours of Closing and Sunday trading	
Number of contraventions noted	5
Number of warnings issued	5
Number of Prosecutions instituted	Nil
Cases proved	-
Cases dismissed	-

NOISE NUISANCES

The following matters were the subject of complaint during the year and a summary of the action taken by the department is appended.

Industrial

1. Noise from use of weigh bridge by heavy vehicles during the early hours of the morning.

20 occupants of houses in the immediate vicinity of a weigh bridge complained of traffic noise persisting at times until 2.30 a.m. Noise meter readings were taken; these varied between 60 and 85 dbA. Such noise at night when any abnormal noise is accentuated, was obviously ample justification for complaint and strong representations were made to the company involved. The result was the discontinuance of the use of the weigh bridge during the night and an undertaking to install a new weigh bridge in a position where nuisance should not occur.

2. Second Mersey Tunnel - noise from excavation of pilot tunnel.

During the year a site was established near the river for the sinking of a shaft and driving of a pilot tunnel under the river (to meet with a similar tunnel being driven from the Liverpool side) and landwards towards the proposed entrance.

The department received complaints from the occupiers of 10 of the houses in the vicinity. It must be appreciated that the area was previously a quiet one and the occupants, some of whom were elderly, were quite suddenly subjected to the day and night working of a considerable engineering project. The sources of noise were:-

- (a) general contractors' surface plant;
- (b) compressors, housed in a lean-to erection at the rear of a disused house;
- (c) explosions from shot firing.

The first two, although giving rise to some problems, could be kept within reasonable limits with care and some changes, e.g. when the site was first visited a diesel crane was in use and this, of course, was quite noisy; its replacement by an electric crane improved matters considerably although even with this the gearing was noisy and required some further "boxing in". The compressor shed was lined with sound-absorbent materials and as long as this sort of protection was not rendered negative by carelessness, such as an operative leaving a door wide open, it may have proved acceptable to the residents.

The third source, however, presented a much greater problem. The rock was blasted away by use of explosives at intervals of a few hours day and night. The sound was rather like a nearby clap of thunder and was accompanied by some vibration, rattling of windows, etc. It was the practice of the engineers to sound a warning siren sixty seconds before the blast, but this was frequently not heard by the residents and, of course, was not sounded in the vicinity of the houses at night. An unexpected bang of this magnitude obviously came as quite a shock and although some improvement was secured on the audible warning during the day, the night problem remained. Some of the elderly and more nervous residents and some young children were obviously very distressed and their health was becoming adversely affected by this practice. Discussions were held culminating in a site visit by representatives of the Mersey Tunnel Committee. The Committee had considered the total prohibition of blasting at night, but this would have meant a tremendous delay in the completion of the contract and it felt able only to prohibit night blasting on the landward drive. Bearing in mind the fact that blasting would necessarily have to continue for another four to six months, it was decided that although alternative accommodation could not be offered, consideration would be given to

- (a) acquiring the affected houses where this was desired by the occupants;
- (b) meeting for a limited period part of reasonable weekly expenses incurred if the occupiers wished to move to alternative accommodation away from the area for a temporary period or part of the occupiers' weekly outlay on purchase or rental of the house. 21 occupiers took advantage of the first offer, 1 of the second.

Every possible assistance was given to my staff by the officials of other departments and the contractors concerned and I wish to record my appreciation of this co-operation. This complaint involved the department in 62 visits.

Excessively noisy music from amusement arcade equipment

Complaint was received regarding the installation of rocking animal rides outside amusement arcades in the New Brighton area. On checking this complaint, and taking into consideration the general character and background of the area, it was felt that nuisance would be very difficult to prove in this case. The owners were however, informally requested to reduce the amplification on some of the machines and this was done.

Church bells

Complaint was received from several residents in the vicinity of a church where the bell ringers held a practice

session on one evening during the week. An approach was made to the church authorities to muffle the bells during practice sessions. This work has now been partially completed.

Go kart racing

A public health inspector attended all go kart race meetings held at the New Brighton Tower Grounds during the year. The inspector checks the sound levels from each vehicle and, where a vehicle is excessively noisy, the Club concerned co-operates by excluding or modifying the machine.

WATER SUPPLY

The water supply for the Borough is obtained from the Wirral Water Board whose Head Office is at 69 Allport Road, Bromborough.

Quantity

The total rate of consumption of water in the town was 41.5 gallons per head per day of which 33 gallons was for domestic purposes and 8.5 gallons for industry and commerce.

Source and Treatment

Water for Wallasey is obtained from three sources - a bulk supply from Lake Alwen, a supply from the River Dee works and the remainder from deep boreholes within the Borough.

The borehole water is softened by the base exchange process and chlorinated. The Alwen bulk supply is treated before delivery. This treatment includes coagulation, filtration, pH correction and chloramine dosing. The River Dee supply receives similar treatment except that sterilisation is by superchlorination and dechlorination. Activated carbon treatment is used as necessary to control tastes. All new mains are treated with a solution of chlorine by means of a portable chlorinator. There are no houses in the Borough without a piped supply, but six bungalows at "Castlefields", Leasowe Road, are supplied by means of a standpipe.

Chemical And Bacteriological Examination

118 samples were submitted to bacteriological examination by the Wirral Water Board, all of which were satisfactory. 214 samples were submitted to routine chemical analysis by the Wirral Water Board.

Details of a typical chemical analysis are given below.

The water supply of the area has been satisfactory, both as to quality and quantity. Waters were wholesome, clear and odourless. Iron was present in trace quantities occasionally. The water is not plumbo-solvent.

On the last occasion that analysis was made for fluoride the content for all sources was less than 0.1 parts per million.

SUMMARY OF CHEMICAL ANALYSIS RESULTS FOR 1966.

	A	B	C
pH	7.8	6.9	7.2
Colour (Hazen)	10	4	4
Conductivity as Micromhos/cm ³ @ 20°C ...	205	790	420
Turbidity as Silica ... ..less than	2	less than 2	less than 2
Free Carbon Dioxide	1	8	5
Alkalinity as CaCO ₃	46	87	108
Calcium Hardness as CaCO ₃	13	102	60
Total Hardness as CaCO ₃	59	189	168
Calcium Hardness as CaCO ₃	42	110	122
Magnesium Hardness as CaCO ₃	17	79	46
Oxygen absorbed from Permanganate in 4-hrs. @ 27°C	1.4	0.7	0.6
Free and Saline Ammonia	0.10	0.04	0.06
Albuminoid Ammonia	0.11	0.07	0.07
Nitrite Nitrogen ... ..less than	0.01	less than 0.01	less than 0.01
Nitrate Nitrogen	0.7	1.5	2.3
Phosphate as P ₂ O ₅	0.07	0.18	0.07
Silicate as SiO ₂	4	9	11
Chloride as Cl	22	168	43
Manganese as Mn	0.02	0.02	0.02
Iron as Fe	0.08	0.07	0.02
Aluminium as Al	0.22	0.17	less than 0.02

All results in parts per million where applicable.

A-Water supplied in Poulton, Seacombe, Moreton and Leasowe.

B-Water supplied in Wallasey, New Brighton and Liscard.

C-Saughall Massie.

The Public Health Inspectors take random samples for bacteriological examination throughout the year and samples are taken in all cases of complaint. The results of these samples are as follows:

(i) Boreholes at Seaview Road.

No. of Organisms	No. of Samples		
	1 day at 37°C.	B.Coli. (Type 1) per 100 mls.	Total Coli. organisms per 100 mls.
0	10	12	12
1-5	2	-	-
6-10	-	-	-
11-20	-	-	-
21-50	-	-	-
Over 50	-	-	-
	12	12	12

(ii) Random Distribution Points within the Town Area.

No. of Organisms	No. of Samples		
	1 day at 37°C.	B.Coli. (Type 1) per 100 mls	Total Coli. organisms per 100 mls
0	17	29	25
1-5	10	-	3
6-10	1	-	-
11-20	1	-	1
21-50	-	-	-
Over 50	-	-	-
	29	29	29

(iii) Random Distribution Points within the Moreton Area.

No. of Organisms	No. of Samples		
	1 day at 37°C.	B.Coli. (Type 1) per 100 mls	Total Coli. organisms per 100 mls
0	7	20	20
1-5	13	-	-
6-10	-	-	-
11-20	-	-	-
21-50	-	-	-
	20	20	20

Samples of water supplies were taken by Public Health Inspectors and submitted for full chemical analysis. A typical result was as follows:-

Town Area

Analytical results expressed in parts per million:-

Total solid matter in solution	155.2
Oxygen required to oxidise in 15 minutes	0.32
4 hours	0.52
Ammoniacal Nitrogen as N.	0.01
Albuminoid nitrogen as N.	0.03
Nitrous nitrogen as N.	None
Nitric Nitrogen as N.	1.0
Combined Chlorine	27.8
Total Hardness	67.0
Hardness (Carbonate)	47.5
Hardness (Non-Carbonate)	19.5
pH Value	7.2
Iron in solution	None

The water was clear and colourless and free from contamination.

The water is quite suitable for drinking and domestic purposes.

SEWERAGE AND DRAINAGE

House Drainage

Visits by public health inspectors	526
Drains cleansed from obstruction after service of notice	92
Drains repaired or renewed	16
Drain Tests	198

The following sewerage works have been carried out during the year 1966:-

Approximately 15 yards of 9" diameter sewer was laid in Twickenham Drive at a cost of £2,000.

During the year the second stage of the Wallasey Village drainage scheme was completed at an approximate cost of £27,000. The contract provided for the laying of 70 yards of 27" diameter concrete pipe, 65 yards of 30" pipe. 230 yards of 33" pipe. 35 yards of 36" pipe and 230 yards of 39" pipe.

A detailed scheme for the drainage of the North Wirral Area has been submitted to the Ministry for approval and for loan sanction. A decision on this scheme is expected in the near future.

RODENT CONTROL.

Sewer Maintenance Treatment.

Two routine sewer maintenance treatments were again carried out using zinc phosphide and arsenic as the rodenticides. Prior to the first routine treatment utilising zinc phosphide a 10% test baiting of 633 manholes was undertaken. Takes were recorded at 12 manholes. 73 manholes were baited as a result of the test, when 6 takes were recorded.

The second routine treatment involved baiting 134 manholes with bread, mash and arsenic. 4 complete and 16 partial takes were recorded.

Surface Infestations

During the year 859 complaints of surface infestation by rats or mice were received, resulting in the inspection of 952 properties. It proved necessary to lay poison baits in 831 cases. In 660 of these cases definite confirmation of current infestation was found and full treatment was carried out, each treatment requiring several visits by the operatives. In total 5,934 visits were made during the year in the surface control of rodents arising from both complaints and other reasons. Warfarin is the poison used in all surface treatments. Further details in the form required by the Ministry are appended overleaf.

Properties other than Sewers

1. Number of properties in district
2. A Total number of properties (including nearby premises)inspected following notification
 B Number infested by
 (i) Rats
 (ii) Mice
3. A Total number of properties inspected for rats and/or mice for reasons other than notification
 B Number infested by
 (i) Rats
 (ii) Mice

Type of Property	
Non-Agricultural	Agricultural
37,008	47
949	3
306	3
331	-
20	-
14	-
6	-

PUBLIC HEALTH CONTROL OF SWIMMING POOLS

Swimming facilities in Wallasey include the indoor baths at Guinea Gap, the outdoor pools at New Brighton and Harrison Drive. In each case, sea water is used, the water being pumped from the River Mersey for Guinea Gap Baths, from the Marine Lake for New Brighton Pool and from the Irish Sea for the Derby Bathing Pool. During operation, the swimming water undergoes a constant filtration process utilising Bell's Gravity Filters and modern chlorination equipment is used to ensure a safe and sterile water. The turnover period at Guinea Gap is once every three hours and at the two outdoor pools once every five hours. Guinea Gap Baths remain open for public use throughout the year and the water is heated; the two outdoor pools are only in use during the summer months and the water is not heated.

55 visits of inspection were made to the Council's swimming baths by public health inspectors. Tests for residual chlorine are made on each visit. Samples for bacteriological examination numbered 110.

At Guinea Gap No. 1 bath the average result was 0.80 parts per million at the inlet and 0.5 parts per million at the outlet. The corresponding averages of tests at the No. 2. bath were 0.7 and 0.5 parts per million.

The maintenance of residual chlorine in the open air pools at New Brighton and Harrison Drive is more difficult. At New Brighton pool the average inlet contents showed 0.6 parts per million with 0.3 at the outlet. At Derby Pool the average residual chlorine was in excess of 1 part per million at the inlet reducing to less than 0.2 at the outlet of the pool.

The use of the portable pools installed at Lingham Lane school was discontinued and the pools were returned to the manufacturers following further consultations about satisfactory chlorination methods. It did not appear possible, taking into account the proposed high bathing load and small volume of water, to maintain a safe water without excessive time being devoted to manual chlorination or the purchase of expensive continuous chlorination and filtration equipment.

Derby Pool

No. of Organisms	No. of Samples		
	1 day at 37°C.	B. Coli. (Type 1) per 100 mls	Total Coli. organisms per 100 mls
0	10	13	12
1-5	1	-	1
6-10	1	-	-
11-20	-	-	-
21-50	1	-	-
Over 50	-	-	-
	13	13	13

New Brighton Pool

No. of Organisms	No. of Samples		
	1 day at 37°C.	B. Coli (Type 1) per 100 mls	Total Coli organisms per 100 mls
0	11	13	13
1-5	1	-	-
6-10	1	-	-
11-20	-	-	-
21-50	-	-	-
Over 50	-	-	-
	13	13	13

Guinea Gap Baths (2 Pools)

No. of Organisms	No. of Samples		
	1 day at 37°C.	B. Coli (Type 1) per 100 mls	Total Coli organisms per 100 mls
0	45	80	74
1-5	23	4	10
6-10	7	-	-
11-20	4	-	-
21-50	3	-	-
Over 50	2	-	-
	84	84	84

Chemical Examination - Specimen Analysis (Guinea Gap No. 2 Bath.).

Analytical results expressed in parts per million:-

Total solid matter in solution	...	...	...	...	...	2.08%
Oxygen required to oxidise in 15 minutes	...	...	...	...	...	0.52
	4 hours	...	...	...	...	1.08
Albuminoid nitrogen as N.	...	...	...	...	...	0.34
Ammoniacal nitrogen as N.	...	...	...	...	...	0.02
Nitrous nitrogen as N.	...	...	...	...	...	None
Nitric nitrogen as N.	...	...	...	...	...	2.5
Combined chlorine	...	...	...	...	...	1.1%
Free Chlorine	...	...	...	...	...	0.6
pH Value	...	...	...	...	...	7.1

This water is quite satisfactory for bathing purposes.

AIR POLLUTION

Summary of Observations and Visits

Clean Air:

Industrial Observations	... Formal	... ..	7
Industrial Observations	... Informal	... ..	95
Industrial Visits	... ..	... ..	32
Domestic Observations	... ..	... ..	36
Domestic Visits	... ..	... ..	27
Other Visits to Smoke Control Areas	... ..	..	2.087
Other Visits to Proposed Smoke Control Areas	... ..	... ..	6.021
Visits to Volumetric Instruments	... ..	... ..	981

Measurement of Air Pollution

Four volumetric smoke and sulphur dioxide instruments continued to be operated by the inspectorate. These are situated at the Eastway Day Nursery, Moreton; Fire Station, Liscard; Water Department, Seaview Road and Gorsedale Road School, Seacombe. The department's measurements are used in the national survey of air pollution.

Contraventions

Written warnings of first contraventions of smoke control orders were sent to the occupiers of 12 premises.

The nature of the various offences was as follows:-

Burning of coal	... ..	8
Burning of wood and paper	... ..	3
Burning of kitchen waste refuse	... ..	1

SMOKE CONTROL AREAS.

Good progress has been maintained in this field. There are now eleven smoke control areas in operation covering over 57% of the houses in the Borough.

Survey is in progress for No. 13 Area. The public in the main are now most co-operative and many enquiries are received regarding likely operative dates for future areas.

Order No.	Name and Date	Acres	No. of dwellings	No. of other Premises	Date of Operation	Stage of Development
1	The Wallasey (Church St.) Smoke Control Order No. 1.1.1958	11	218	4	1.10.1959	Operative
2	The Wallasey (Moreton) Smoke Control Order No. 2. 1959	125	1,070	25	1. 9.1960	Operative
3	The Wallasey (Upton Rd.) Smoke Control Order No. 3. 1959	31	241	6	1.10.1960	Operative
4	The Wallasey (Fender Lane) Smoke Control Order No. 4. 1960	340	250	1	1. 2.1961	Operative
5	The Wallasey (Brighton St.) Smoke Control Order No. 5. 1960	107	1,343	241	1. 5.1962	Operative
6	The Wallasey (Leasowe) Smoke Control Order No. 6. 1960	1,920	3,247	70	1. 9.1962	Operative
7	The Wallasey (Seacombe/Poulton) Smoke Control Order No. 7. 1961	710	6,073	482	1. 7.1964	Operative
8	The Wallasey (Lingham Lane) Smoke Control Order No. 8. 1962.	335	1,581	30	1. 9.1963	Operative
9	The Wallasey (Upton Park) Smoke Control Order No. 9. 1962.	93	22	-	1. 5.1963	Operative
10	The Wallasey (New Brighton) Smoke Control Order No.10. 1963.	329	2,683	342	1. 7.1965	Operative
11	The Wallasey (Breck Road) Smoke Control Order No.11. 1965.	240	1,787	111	1.10.1966	Operative
12	The Wallasey (Warren) Smoke Control Order No.12. 1966.	308	1,752	63	1.10.1967	Confirmed
13	Hoyle Road, Moreton.					Survey in progress

DISINFESTATION.

Although there was a slight decrease on last year the demands on this service are still very heavy. A higher standard of personal hygiene together with the availability of expert services has reduced the incidence of such vermin as bed bugs and fleas to almost negligible proportions. Other insects, such as the clover mite cause considerable nuisance to householders, as new housing estates are built on their natural habitat. The insects most commonly dealt with during the year were cockroaches and ants. The department dealt with many instances of wasps' nests in and around private residences during the year. Wallasey, in common with many other authorities provide this as a free service and it is much appreciated by affected households.

Inspections following complaint

(1) No. of private houses inspected	105
(2) No. of local authority houses inspected	36
(3) No. of premises other than dwelling houses inspected	61
(4) *No. of premises showing infestations of:	
(a) Bed Bugs	11
(b) Fleas	25
(c) Cockroaches	81
(d) Other Vermin	74
	<hr/>
	191

*Occasionally premises are found to be infested with more than one type of insect.

Treatment by Council's Operative

No. of treatments on repayment	312
No. of treatments without charge	38
	<hr/>
	350
No. of treatments with D.D.T. spray	86
No. of treatments with other spray insecticides	258
No. of treatments with other methods	6
	<hr/>
	350

Fees received — £166. 2. 6.

RAG FLOCK AND OTHER FILLING MATERIALS ACT

During the year five samples were submitted to prescribed analysis. These were:—

New Cotton Linter Felt	3
Rag Flock	1
New Coir Fibre	1

The Act and Regulations made thereunder provide for control of premises using filling materials and ensures that the fillings used in articles are within certain specified standards of cleanliness. Four premises are registered under the Act. They are all occupied by upholsterers whose business is the repair or refilling of upholstered furniture.

One sample did not fully comply with the standard, the dust index being slightly above the maximum allowed. The manufacturers were contacted and adjustments made in the process. Proof was later furnished to demonstrate that the adjustments had been effective.

CONTROL OF CAMPING

32 visits were made to licensed sites during the year.

Seven private sites were licensed, from the end of March until the first week in October. In addition to the above a branch of the Caravan Club held a camp on land situated on the promenade which is owned by the Corporation.

No. of sites licensed, for tents during 1966 ...	3
No. of sites licensed for caravans during 1966	4
No. of cases of unlicensed camping detected during 1966	10
No. of visits to unlicensed land	53
No. of visits to licensed land	32

NURSING HOMES

OLD PERSONS' HOMES

CHILDREN'S NURSERIES

All the above classes of premises require registration by the Local Authority and the department makes inspections and recommendations to ensure suitable environmental conditions at premises which are the subject of an application for registration.

Six such reports were made during the year on proposals to establish one nursing home, two old persons' homes and three day nurseries.

KEEPING OF ANIMALS AND PET SHOPS

The total number of pet shops is 7. All the licences are subject to standard conditions approved by the Council regard having been paid to recommendations of the Association of Municipal Corporations and the R.S.P.C.A.

Visits to pet shops	19
Visits to other premises	6
Animal nuisances abated	2

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

The Act requires the licensing of premises used for the boarding of animals. Two such premises were licensed during the year.

MISCELLANEOUS INSPECTIONS

Schools	26
Cinemas, dance halls, etc.	13
Sub-let rooms	1289
Public conveniences	64
Local Land Charges(search)	1800
Measurements of rooms for permitted numbers	261
Interviews with building contractors	368
Other visits	5050

WALLASEY CORPORATION ACT, 1958

Registration of Hairdressers

During the year 8 applications were granted for the registration of premises for use as hairdressing establishments, there being a total of 148 premises registered within the Borough.

Bye-laws to govern the cleanliness of premises, equipment and operatives are in operation.

PUBLIC HEALTH ACTS AMENDMENTS ACT, 1907

Female Domestic Servants' Registry

No applications were received during the year.

COMMON LODGING HOUSES

There are no common lodging houses in the Borough.

THEATRICAL EMPLOYERS REGISTRATION ACT, 1925

No applications for registration were received during the year.

REPORT OF MR. J.W.PRICE, CHIEF WEIGHTS AND MEASURES INSPECTOR, RELATING TO:—

FOOD AND DRUGS ACT

A total of 364 samples of foods were obtained during the year.

All milk samples were genuine. Ordinary milk averaged 3.6% of fat and 8.8% of non-fatty solids. For Channel Island milk the average was fat 4.84% and non-fatty solids 9.34%. All milk samples were free of any anti-biotic substances.

26 samples were submitted for pesticide and chemical examination. 4 carried traces of pesticide residues, and of these one also carried a trace of lead residue.

Samples adversely reported were:—

Tinned fruit contained metal fragments	Caused by faulty can opener.
Sausage 9% deficient in meat	Informal sample. A further formal sample was genuine.
Demarara Sugar	Contained small metal fragments consisting of aluminium. The sellers were notified of the contamination. Further formal samples were genuine.
Glace Cherries) Candied Peel)	Reported as of poor quality due to fruit not being properly selected, and the sellers were informed.
Tinned Cherries	Contained excess iron due to too long a period of storage. The seller withdrew all the stock.
Fish cakes deficient in fish	Fined £20. 0. 0. and £5. 0. 0. costs.
Yeast Tonic Tablets	The label carried rather exaggerated claims, and this report was sent to the Local Authority where they were packed.
Cheese	Contained small pieces of iron scale apparently caused by a rusty cutting implement. The seller was requested to exercise greater care.

FERTILISERS AND FEEDING STUFFS ACT

Feeding Stuffs

15 samples genuine. 1 sample deficient in protien. The makers were requested to examine their process, and further samples were genuine.

Fertilisers

3 samples genuine.

PHARMACY AND POISONS ACT

Applications for re-registration	113
Applications for registration	9
Number of premises on register at 31.12.66.	122
Samples submitted for analysis	1

Welfare Services
(National Assistance Act, 1948)

WELFARE SERVICE

Residential Accommodation

Throughout the year the six Homes for Old Persons were completely filled.

A Short-term Annexe was opened during the year at one of the larger Homes and the six beds available were fully utilised during the year. An Annexe was also completed at one of the smaller Homes to improve staff facilities and increase the number of beds.

The opening of a further 40-bedded Home at Seacombe is fairly imminent. This Home will contain a Luncheon Club for use by old people not resident in the Home. It also has a number of Bungalows connected to it by an alarm bell system.

At the end of the year there were 169 persons on the Waiting List for accommodation in Homes, compared with 200 at the beginning.

The following are the statistics relating to accommodation provided by or on behalf of the Council in 1966.

	<u>Number resident on 1.1.66</u>	<u>Admissions during 1966</u>	<u>Discharges during 1966</u>	<u>Number resident on 31.12.66</u>
"Osborne House"	39	25	24	40
"Newholme"	38	30	30	38
"Lamorna"	16	14	14	16
"Redcliffe"	17	14	14	17
"Fernleigh"	57	79	73	63
"Manor Grange"	16	16	14	18
David Lewis Colony	2	-	-	2
Home for Epileptics, Maghull	7	-	-	7
Langho Epileptic Colony,				
Blackburn	1	-	-	1
Turner Memorial Home, Liverpool	2	1	1	2
Holm Hill, West Kirby	1	-	-	1
Wicksted Hall, Whitchurch	1	1	-	2
Leeds House, New Brighton	4	-	-	4
Springhill, Nelson	1	-	-	1
Tithebarn Home, Crosby	1	-	-	1
Methodist Home for the Aged,				
Liverpool	1	-	1	-
Alexian Bros., Home, Manchester	1	-	1	-
Chester C.C. Kenwyn House	1	-	1	1
Cheshire C.C. "The Rookery"	1	-	-	3
Charles Best House, Parkgate	1	3	1	3
Cressingham House, Wallasey	1	-	-	1
Daresbury Hall, Warrington	1	1	-	2
Catholic Blind Institute,				
Liverpool	2	1	3	-
Lancs. C.C. Peterfield House	1	-	-	1
Chester C.C. Kinderley House	-	1	-	-
Royal Alfred Home, Eastbourne	-	1	1	2
St. Clare's Convent, St. Asaph	-	2	-	1
Leonard Cheshire Home, "The Hill"	-	1	-	1
Spastics Society, Angers House	-	1	-	-
	213	191	178	226

Temporary Accommodation

It is the duty of the Council under Section 21(b) of the National Assistance Act, 1948, to provide:—

“temporary accommodation for persons who are in urgent need thereof being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the Authority may in any particular case determine”.

The accommodation provided under this part of the Act consists of 21 houses and 2 flats, and a Reception Centre consisting of five units of accommodation with communal cooking and washing facilities provided. This unit is supervised by a Resident Warden.

The following are statistics relating to temporary accommodation provided by the Council during 1966.

	<u>Number resident on 1.1.66</u>	<u>Admissions during 1966</u>	<u>Discharges during 1966</u>	<u>Number resident on 31.12.</u>
Reception Centre, 51, Martins Lane	15	27	25	17
4, Tower Street	2	—	—	2
8, Tower Street	3	—	—	3
1a, Hope Street	8	—	—	8
15, Percy Road	11	—	—	11
18, Egerton Grove	4	6	4	6
17, Winford Street	4	—	—	4
19, Winford Street	4	—	—	4
221, Church Street	10	—	—	10
146, Falkland Road	12	—	—	12
53, Oxton Road	6	—	—	6
84, Littledale Road	5	6	5	6
75, Withens Lane	6	2	—	8
116, Liscard Road	6	2	—	8
2, Wilton Street, Ground Floor	4	—	—	4
2, Wilton Street, First Floor	7	—	2	5
8, Beatrice Street	10	—	—	10
14, Water Street	5	—	—	5
2, Belle Vue Road	10	—	10	—
90, Clarendon Road	13	2	—	15
1, Westminster Road	8	2	—	10
102, Poulton Road	4	—	—	4
104, Poulton Road	5	—	—	5
106, Poulton Road	4	—	—	4
80, Liscard Road	—	10	—	10
	166	57	46	177
	=====			

Registration of Old Persons' Homes

There were at the end of 1966, six Homes in Wallasey registered under the provisions of the National Assistance Act, 1948. These homes are visited regularly by Welfare Officers to see that the National Assistance (Conduct of Homes) Regulations 1962 are complied with.

Removal of Persons In Need Of Care And Attention (Section 47, National Assistance Act, 1948)

During the year one woman was removed under the above Act to a Home for Old Persons and was still accommodated at the end of the year, and another woman removed from her home to Hospital.

The Section 47 case who has been resident for several years in one of the Homes, died during the year.

Burial Of The Dead

during the year under Section 50 of the National Assistance Act, 5 burials were arranged in cases where it appeared that no suitable arrangements for the burial had been or were being made.

Of the 5 cases, the costs of 3 were completely recovered and the costs of the other two almost completely recovered.

Protection Of Property

It is the duty of the Welfare Committee to ensure the safety of moveable property of persons when they enter Homes or Hospitals if no other suitable arrangements are being made. This entails notifying the Police that the house is empty, checking that doors and windows are secure and possibly taking into protection valuables, cash or furniture.

All items except cash are stored in Welfare Committee premises small items of value being kept in a safe. Cash is handed to the Borough Treasurer who places it in Suspense Account.

Occasionally advice is given to the relatives of mental patients on the procedure to be adopted when applying for appointment as Receiver of the patient's Estate.

The Court of Protection and the Official Solicitor are notified of cases which may be their concern. Both these bodies are given any assistance they require in dealing with these cases.

Recovery Of Expenses From Persons Liable To Maintain Dependents

It has not been necessary to apply to the Petty Sessional Court for any recovery of expenses during the year.

Entertainments And Outings

The annual Outing around Wirral with tea taken at a Hotel again proved a great success.

Every effort was made to make Christmas as happy a time as possible for the old folk. The Christmas fare was of the usual high standard.

Throughout the year Schools, Churches etc., and private individuals donated gifts of flowers, fruit and other articles for use by the residents. These were gratefully accepted.

Rehabilitation Work

27 people have been admitted to the Reception Centre during the current 12 months. Two of these families have been re-housed privately and two families from intermediate welfare houses have been re-housed by the Housing Department.

21 families living in Part III and Intermediate Accommodation are improving in behaviour and household management.

During the year the Welfare Officer for Rehabilitation Work left the Department. Since the post was filled in August, there have been 69 new cases requiring help in rehabilitation and alternative accommodation, these families are visited regularly.

It is becoming increasingly difficult to find accommodation for families which have young children, its the old saying "sorry no children" or the rents are beyond the means of our families.

Since the play "Cathy Come Home" was televised, the general public have shown more interest in "Homeless Families" and indeed have enquired how this compares with the method used in Wallasey.

A lecture was given on this subject resulting in many gifts of bedding and mattresses.

The general public are generous with gifts of furniture even to the point of Saleroom owners allowing needy people to choose what household items are required.

More and more young couples are asking for advice on domestic problems and household management, the latter proving beneficial in enabling them to "cut their coat according to their cloth" thus keeping free of debt.

The co-operation of all Departments within the Local Authority and Voluntary Organisations has been greatly appreciated by the new Rehabilitation Officer as this unity certainly eases a heavy case load.

Community Welfare

Community care means the care of people otherwise than in Institutions, and it is thought to be a better way of caring for the aged because it encourages continued independence and self-help, and the aged persons emotional needs of affection and interest from relatives and friends are more easily satisfied in their own homes, and it is of course more economical than maintenance in a Local Authority Home.

The first line of support in the community is the family, and that is considered to be the best form of community care where the aged persons either lives with his/her own children or receives regular daily visits and care from his/her own relatives.

The family itself needs the full support of the Local Authority Domiciliary Services, financial assistance and medical attention being provided by the Ministry of Social Security and the National Health Service respectively.

The District Nursing Service made 37,383 visits to 1,385 persons over the age of 65 years during 1966, and the Home Help Service devoted 112,049 hours to the care of the aged in the Borough.

The Women's Royal Voluntary Service delivered 30,587 meals to housebound aged people and the Wallasey Voluntary Old Peoples' Welfare Committee members visited the lonely and provided extra comforts.

The four Welfare Officers were busy throughout the year, and there was a marked increase in the applications for admission to Residential Homes.

The main source of referral are General Practitioners, Hospitals, Voluntary Organisations, District Nursing Service, relative and direct application by the aged persons concerned.

There were 124 women and 45 men on the Waiting List on the 31st December, 1966, and 72 women and 21 men were classified as being in urgent need of accommodation.

The Waiting List changes daily, new cases being added others being removed, and it is surprising how steady the total number remains when the considerable number of changes is taken into account. Publicity or the opening of a new Home always increases the number of enquiries.

The Welfare Officers visit and give information to the aged of services available and arrange for the provision of domiciliary services such as Home Help, Meals-on-Wheels, District Nurse, Chiropody Service, or Voluntary Visitor, which may enable old persons to continue living in their own homes. The Welfare Officers provide the link between the services available and the aged person in need, and they are the focal point in community care.

BLIND WELFARE

Registration Of Blind Persons

During the 12 months ending 31st December, 1966, 51 people were examined by Mr. W.Dunlop-Hamilton, Ophthalmic Surgeon. Of these, 38 were registered blind and 13 placed on the Partially Sighted Register. Of the 38 registered blind, blindness occurred in the following age groups:—

Age Group	Males	Females
1	1	-
21-29	-	1
30-39	-	-
40-49	1	-
50-59	1	3
60-64	1	3
65-69	2	2
70-79	3	7
80-84	2	4
85-89	1	3
90 and over	-	3
	<hr/> 12	<hr/> 26

Statement Re Incidence Of Blindness In
Registered New Cases.

Cause of Disability

Glaucoma Cataract Others

(1) Number of cases
registered during
the year for whom
the following is
recommended —

(a) No Treatment	1	3	11
(b) Treatment (Medical, Surgical, Optical)	2	8	13

(2) Number of cases
registered during the
year at a) and (b)
above, which on follow-
up action have received
treatment

2 6 10

Ophthalmia Neonatorum

(1) Total number of cases
notified during the year

NIL

(2) Number of cases in which-

- (a) Vision lost
- (b) Vision impaired
- (c) Treatment continuing
at end of year.

	Males	Females	Total
Number on register at 1.1.66	111	170	281
Number added during the year-			
New Cases	12	26	38
Transfers from other areas	2	2	4
	<u>125</u>	<u>198</u>	<u>323</u>

Less number of removals from register owing to leaving—

Wallasey	3	2	5
Deaths	13	21	34
	<u>16</u>	<u>23</u>	<u>39</u>
	<u>109</u>	<u>175</u>	<u>284</u>

The blind welfare staff was increased in November by the appointment of a part-time Home Teacher. It now comprises two full-time and two part-time teachers. During the year these Officers made a total of 2,123 visits to blind persons and 296 visits to partially sighted persons within the Borough, supervising their general welfare, ensuring that the correct statutory benefits were being received and arranging for the provision of other services where necessary.

The two Handicraft Classes held at the Penkett Road Centre— a full-day class on Wednesdays and an evening class on Thursdays — are regularly attended by approximately 40 persons; the Tuesday afternoon class in Moreton is also well attended. Crafts taught include basketry, chair-caning, stool seating, handknitting, rug-making etc.,

Articles made at the Handicraft Classes were exhibited and sold at the Annual Gala in Central Park in July, and also at the Exhibition and Sale of Work held in November at the A.B.C. Cinema, Liscard — the latter being by kind permission of the Manager, Mr. Roberts.

Social Afternoons

Social and games afternoons are held on alternate Fridays at the Penkett Road Centre. Grateful thanks are due to the many artists who voluntarily give of their time to entertain at the Social Afternoons.

The Drama Group envisaged in 1965 was successfully started during the year and the Monday afternoon rehearsals resulted in one production being acted before members of the public.

Outings

A full day Outing to Blackpool took place on the 16th June approximately 180 blind and partially sighted persons, some with guides, had a most enjoyable day. The coaches in which they were travelling were visited at the outset by His Worship the Mayor and Mayoress, accompanied by the Medical Officer of Health, who extended their best wishes for a happy day.

This year, for the first time, a half-day Outing was held for the benefit of those blind persons who find a full day too long and tiring. On this Outing, 40 persons went to Southport.

In December a Christmas Dinner was held at the Riverside Restaurant, New Brighton. Approximately 240 persons were present and among the guests were His Worship the Mayor and Mayoress, accompanied by the Chairman of the Welfare Committee. Entertainment was provided by voluntary artists.

Achievements of the Blind

A blind male student was successful in obtaining a place at Liverpool University. He is now engaged in a course of general studies.

Free Travel Vouchers

Free Travel Vouchers are still issued through the courtesy of the Wallasey Passenger Transport Committee to all registered blind persons resident in the Borough. The Crosville Motor Bus Company also allotted 17 free passes. These facilities are gratefully appreciated by the recipients.

Voluntary Services

The excellent service provided by the Women's Royal Voluntary Service Meals-on-Wheels has continued to benefit a number of the blind and partially sighted persons residing in the Borough.

Many of the people who attend the Craft Classes and Socials would be unable to do so if it were not for the provision of voluntary transport and drivers to whom sincerest thanks are extended.

Thanks are also due to those organisations which have helped the blind persons of Wallasey by providing social events and other entertainments and to individuals who have given other services in many and various ways.

It is with gratitude that we thank the ladies who have come along unfailingly to the Craft Classes and Socials to prepare the refreshments.

WELFARE OF HANDICAPPED PERSONS

(Other than the Blind and Partially Sighted)

During the year one Welfare Officer was employed for domiciliary visits to handicapped persons, and one Welfare Assistant commenced duty in October, 1966.

Personal and domestic aids are supplied to individual cases to enable them to become more independent, and adaptations such as widening doors, handrails, ramps, etc., have been carried out at both privately owned and Corporation properties. Concrete paths and motor crossings have been constructed to accommodate invalid tricycles supplied by the Ministry of Health. In all, 91 aids and adaptations have been provided in the last 12 months.

War Pensioners in Wallasey, and other persons suffering with a handicap in the General classes have been supplied with Mini-minor cars through the Ministry of Health, and help given over the garages in this connection.

Car Badges for the disabled are obtainable on application to the Welfare Department.

One lady Craft Teacher was employed for the purpose of diversionary occupation, and towards the end of the year a male Craft Teacher was appointed. Three weekly classes were held for the physically handicapped, two at the Welfare Centre, Penkett Road, and one at the Municipal Offices, Oakenholt Road, Moreton. The average attendance is 60 men and women of all ages and disabilities.

They are taught basketry, rug-making, needlework, woodwork etc.,

The Wallasey Ambulance Service is called upon to convey the more severely disabled to the Classes.

A Handicraft Exhibition and Sale of Work was held at the A.B.C. Cinema, Liscard, in November, and several organisations for blind and disabled took part.

A Christmas party was arranged for the physically handicapped at the Riverside Restaurant, New Brighton. The Rotary and Round Table Organisations provided transport for the handicapped to enable them to attend various social outings during the year.

Financial assistance was provided to assist four disabled persons to enjoy holidays.

The Women's Royal Voluntary Service also provide transport when requested on behalf of disabled persons, and their Meals-on-Wheels Service is beneficial to many handicapped housebound people. The meals are also delivered to the Craft Classes. The clothing service provided by the Women's Royal Voluntary Service is frequently called upon.

The Chiropody Service, free or financially helped according to circumstances, is available to handicapped persons on the recommendation of the General Practitioner.

Close touch is kept with Statutory and Voluntary Organisations in the area. The Domestic Home Help Service is particularly important to housebound severely disabled people who live alone.

Rehabilitation, Training And Employment

Courses of rehabilitation and training are provided by the Ministry of Labour and the day Centre at Aintree continues to prove beneficial to Wallasey men who are able to travel there each day without difficulty. The Courses help to build up a maximum degree of fitness, so restoring the mens' confidence in their ability to get and keep a job after illness, injury or long unemployment.

The Remploy Factory, Poulton, gives employment to approximately 60 Handicapped Men and Women from Birkenhead and Wallasey. Their products of candlewick articles and different types of bedding are in much demand. The employees are financially independant, working a five-day week most of them using invalid tricycles as their transport. They could not be employed in open industry.

The Anne Glassey Workshop receives an annual grant from the Wallasey Council and provides permanent employment for several patients who have recovered from Tuberculosis, in addition to their rehabilitation courses for other patients. Their products of machine knitted garments, Christmas Cards and Crackers, are well known in many areas.

The Sir Robert Jones Workshop, Liverpool, employs one Wallasey man (epileptic) as a Poster Compositor.

Voluntary Organisations For Disabled

the Liverpool Adult Deaf and Dumb Benevolent Society and the Catholic Deaf Society of St. Vincent de Paul receive a per capita grant from the Wallasey Council in respect of Wallasey deaf residents. The Social Centre at Princes Way, Liverpool, and Ashville Road, Birkenhead, are well attended by deaf people from Merseyside.

The Wallasey Hard of Hearing Club meet every Monday evening at the Corporation Welfare Centre, Penkett Road. It is an active club for the 30 members, and Outings and Social Evenings are arranged on their behalf.

The Spastic Association meet three times a week for handicraft classes at the Welfare Centre, the cost of tuition is subsidised by the Local Authority Education Committee. The Association arranges its own Outings, Parties etc.,

The Disabled Drivers' Association hold their weekly meetings at the Welfare Centre. Motor Coach Outings and tricycle runs were successfully organised and the Annual Dinner was very well attended by over 100 disabled people as well as members of the Wallasey Council.

Cammell Lairds sent their invitation and 120 disabled and friends were entertained at the Cammell Lairds Social Club, New Ferry.

The Welfare Department is represented on the following Committees:—

- The Liverpool Adult Deaf and Dumb Society.
- The Catholic Deaf Society of St. Vincent de Paul.
- The Liverpool Council of Social Service.
- The Wallasey Disablement Advisory Committee.
- The Wallasey Spastic Association.
- The Disabled Drivers' Association (Wirral Group).

Statistics Of RegistrationRegisters Of Handicapped Persons

		<u>Under 16 years</u>	<u>16 - 64 years</u>	<u>65 years and over</u>
General Classes	M	6	274	116
	F	-	177	104
Deaf without speech	M	1	24	4
	F	2	19	4
Deaf with speech	M	-	5	5
	F	-	3	3
Hard of Hearing	M	-	10	1
	F	-	6	2

Total — 766

Included in the above figures are:—

		<u>Employed</u>	<u>Unemployed</u>	<u>In Homes</u>	<u>Total</u>
Spastics	M	3	3	2	25
	F	6	8	3	
Epileptics	M	8	11	5	37
	F	2	6	5	

COUNTY BOROUGH OF WALLASEY
EDUCATION COMMITTEE



REPORT

OF THE

Principal School Medical Officer
For the Year 1966

STAFF

Medical Officer of Health and Principal School Medical Officer: Dr. H.W.Hall, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health & Deputy Principal School Medical Officer: Dr. W.F.CHRISTIAN, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health and School Medical Officers: Dr. E.J.O'REILLY, M.B., Ch.B., B.A.O.

Dr. ESME I. GRANT, M.R.C.S., L.R.C.P.

Principal School Dental Officer:

Mr. W.J.MEAKIN, L.D.S., R.C.S.

School Dental Officers:

Mr. W.A.HENDERSON, L.D.S.

Mr. E.G.MASON, L.D.S.

Mrs. W.M.WYNNE, L.D.S.

Dental Surgery Assistants:

Mrs. U.BROWN.

Mrs. A.HENDER.

Mrs. K.MASON.

Mrs. S.KAYE.

Superintendent Health Visitor/School Nurse:

Mrs. K.SCHOFIELD, S.R.N., S.C.M., H.V. Certificate

Health Visitors/School Nurses:

Miss A.J.EDGE, S.R.N., S.C.M., H.V. Certificate.

Miss C.E.MURRELL, S.R.N., S.C.M., H.V. Certificate.

Mrs. E.E.P.NOLAN, S.R.N., S.C.M., H.V. Certificate

Mrs. W.DOVEY, S.R.N., S.C.M., H.V. Certificate.

Miss M.E.ASPINALL, S.R.N., S.C.M., H.V. Certificate

Miss E.M.MORGAN, S.R.N., S.C.M., H.V. Certificate

Miss E. WHITBURN, S.R.N., S.C.M., H.V. Certificate

Miss K.E.HIGGINS, S.R.N., S.C.M., (Part 1), H.V. Certificate.

Mrs. M.KEANE, S.R.N., S.C.M., H.V. Certificate.
(Resigned 31-7-66)

Mrs. M.E.GALLIMORE, S.R.N., S.C.M. (Part-time)
(Resigned 31-3-66)

Miss M.HUGHES, S.R.N., S.C.M. (Part-1), H.V. Certificate.

Miss A.E.RADCLIFFE, S.R.N., S.C.M., H.V. Certificate.

Miss J. LITTLEMORE, S.R.N., S.C.M., H.V. Certificate.

Miss P.REYNOLDS, S.R.N., S.C.M. (Part 1). H.V. Certificate.

Mrs. M. J. GRIFFITHS, S.R.N., S.C.M., H.V. Certificate (appointed 2-5-66)

Mrs. A.P.MENET, S.R.N., (Part 1) H.V. Certificate (Part-time) (appointed 5-9-66)

Mrs. A.D.HUGHES, S.R.N. (appointed 1-12-66)

Visiting Specialists;

Mr. J.D.ELLIOTT EDWARDS, M.B., Ch.B., D.O.M.S
(Ophthalmic Specialist).

Mr. H. DAVIES, M.B., F.R.C.S. (Eng.), Ch.B.,
Ch.M. (Ortho). (Orthopaedic Specialist).

Dr. G.EGAN, M.D., Ch.B., D.P.M. (Psychiatrist)

Physiotherapist:

Mr. K.JONES, M.C.S.P.

Speech Therapist:

Mrs. M.B.AVISON, L.C.S.T. (Resigned 31-7-66)

Mrs. M.B.AVISON, L.C.S.T. (Re-appointed part-time 6-12-66)

Educational Psychologist:

Mr. J.MAGINN, B.A. (Hons.), Dip. Education, Dip.
Ed. Psychology. (Resigned 31-8-66)

Social Worker:

Mrs. U.BARRETT-LENNARD, Diploma in Social
Science.

Administrative Staff:

Mr. W.R.KIDD

Mrs. B.RADCLIFFE

Mrs. B.H.MAUNDER (Part-time)

Mrs. E.E.HILL (Part-time)

Miss G.L.WELSH (Resigned 31-12-66)

Audiometrician:

Mrs. J.E.RODGERS (Part-time)

Health Education Officer:

Dr. J.FERGUSON, L.M.S.S.A., M.I.H.E., M.R.S.H.
F.R.S.A. (Part-time) (appointed 2-5-66)

Town Hall,
Wallasey,
June, 1967.

To: The Chairman and Members of the Education
Committee

Ladies and Gentlemen,

I have pleasure in submitting my Report on the
School Health Service for the year 1966.

There have been no major changes in the Service
during the year. Unfortunately it has not been possible
to fill vacancies of a full-time Physiotherapist and
Speech Therapist.

I would like to offer my congratulations to Mrs.
Barrett-Lennard, the Social Worker at the Child Guidance
Clinic, for gaining a Churchill Scholarship which was
spent in the United States of America studying some of
the problems of the family in that country. I have no
doubt that her experience gained will benefit her work in
Wallasey.

During the latter part of the year extensive altera-
tions were carried out at the Oakenholt Road Clinic,
Moreton, and it was necessary, whilst the work was in
progress, for the School Dental Clinic to be transferred
to a neighbouring Church Hall. It is hoped that with the
modernised dental clinic fitted out with the latest equip-
ment, a better service will be provided in the Moreton
area.

The Report contains the usual individual contributions
from the various members of the School Health Service
with the usual statistics and tables, upon which no further
comment from me is necessary.

Finally, I should like to express my appreciation of
the services of all who contributed to the work of the
Department during the year, and to acknowledge the co-
operation of the Director of Education and his staff and
the support of the members of the Education Committee.

I am,

Your obedient servant,

HOWARD W. HALL,

Principal School Medical Officer.

ANNUAL REPORT—SCHOOL HEALTH SERVICE, 1966

Observations of Dr. Christian, Deputy Principal School Medical Officer:—

Staff

During the year there were the following staff changes. Mrs. Avison, who has been speech therapist for several years, resigned at the end of July, but returned on a part-time basis early in December. On the 31st August Mr. J. Maginn, educational psychologist, resigned from his post at the Educational and Child Guidance Clinic but, as yet, the Director of Education has been unable to appoint a successor. Mrs. Barrett-Lennard, the social worker at the Educational and Child Guidance Clinic, went to America in August where she studied for three months American methods of dealing with social problems. This was in connection with her successful application for the Churchill Award.

Mrs. Lander (nee Welsh) resigned on the 31st December from her post as clerk at the School Clinic, Merton Road, and her successor will be appointed early next year. The newly formed post of full-time school nurse was filled on the 1st December by Mrs. A. D. Hughes, who had been employed in a similar post for a number of years at Liverpool. Dr. J. Fergusson took up his new duties as health education officer last May. This is a joint appointment with the Birkenhead local authority.

Liaison with General Practitioners

Children suffering from conditions other than ocular, orthopaedic or psychological, who require the advice of a consultant, are referred first of all to their family doctors with a letter advising them of the condition present. In the case of ocular, orthopaedic or psychological disorders the children are referred to the local authority's own consultants who attend various local authority clinics each week. When a direct referral to a consultant takes place in this way, a letter is sent to the general practitioner following the medical examination, informing him of the consultant's findings.

Liaison with Hospitals

The school health visitors attend weekly at the hospital clinic of the specialist in children's diseases,

and discuss any problems concerning Wallasey children with him. In addition, the hospitals send us weekly lists of the children who have been discharged from hospital, stating the diagnosis in each case. This enables the school health visitors to follow up cases after discharge.

Joint Circular from Department of Education and Science and the Ministry of Health, London, 31st March 1966.

In March a joint Circular was issued with the title "Co-ordination of Education Health and Welfare Services for Handicapped Children and Young People."

The reason for the issue of this Joint Circular was given in the first paragraph of the Circular, where it was stated that a recurrent theme in reports on the services for the handicapped was, that, while individual services for handicapped children and young people may be good, they are often not adequately co-ordinated. This frequently results in the handicapped, and particularly those who have more than one handicap, being deprived of beneficial services and continuous care. Following the receipt of this Circular a Report was prepared on the services provided by this authority for the ascertainment, supervision and, where appropriate, treatment of the handicapped individual from birth to adult life. This Report was presented to the Health, Welfare and Education Committees of the local authority, to the local Medical Committee of Wallasey and to the Medical Advisory Committee of the North Wirral Hospital Management Committee. It was felt by the members of these Committees that it was valuable to have recorded in one Report, information concerning the services which were available for the handicapped of all ages. The Report ended with proposals for the further continuation of these services. As regards children of school age, the proposals were:—

(a) that when the Education Committee formally record a decision that a child should receive special education, or that a child is unsuitable for education in school, this information should be communicated to the child's family doctor,

(b) that informal meetings between all workers concerned in the welfare of handicapped children should be held at intervals as necessary.

Medical Inspection

The number of Periodic Medical Inspections carried out during the year was as follows:—

Entrants	Leavers	Others
1,593	1,525	1,483

Special Inspections (which include cases seen at school at the request of the staff or school nurse and cases seen for the first time by the school medical officers at the clinics) numbered 1,233 during the year.

Reinspections (children noted at previous periodic inspection as suffering from some defect or disability which required periodic review) numbered 201 during the year.

The general condition of pupils examined at routine inspections was as follows:—

	Number	Percentage
Satisfactory	4,601	99.89
Unsatisfactory	5	00.11

Elleray Park Day Special School for Physically Handicapped children was visited monthly by Dr. O'Reilly.

Clare Mount Day Special School for E.S.N. children was visited monthly by Dr. Christian.

The children on the registers of these two day special schools are medically examined prior to their transfer to these schools and regularly (approximately once a year) as long as they remain there. This closer medical supervision of the handicapped children is necessary to ensure that the measures prescribed to mitigate or alleviate the handicaps are being conscientiously adopted by the parents, as for example, the wearing of hearing aids for deafness, the attendance at the clinic or hospital for treatment for discharging ears or for the provision or repair of spectacles, and regular physiotherapy when the muscles of the limbs are affected by cerebral palsy or poliomyelitis.

As a result of these medical inspections, a variety of medical and psychological conditions are brought to light which require treatment or observation.

The Tables on pages XXVIII and XXIX show the number of defects found during the year.

All children at the intermediate medical inspection are tested with the Ishihara Charts for any defects of colour vision. Head teachers are informed when a defect

is found as this knowledge may help in deciding on a career.

The visual acuity of school children is tested at the following times by the school health visitors:—

- (a) School Entry. As very few children know their letters at this inspection, the 'E' test is used.
- (b) Between 7 and 8 years.
- (c) During the first year in the Grammar or Secondary School.
- (d) During the last year in the Grammar or Secondary School.

When defects are found arrangements are made for the affected children to attend the school eye clinics where they will be examined by a specialist, or if they so wish they can visit a sight testing optician.

Of course parents can, at any time, bring their children to see the school doctor at the clinic if they suspect the presence of an ocular defect and if a defect is found an appointment will be made to see the Eye Specialist.

The facilities offered for the treatment of children with defects or handicaps, at school clinics and elsewhere, were shown in last year's Annual Report.

The times at which these clinics are held are shown on pages XXXIII to XXXV at the end of this Report.

Each week an immunisation session is held at one of our clinics, at which children entering school at 5 years and children transferring to senior schools at 11 years can receive a reinforcing inoculation to boost their immunity to diphtheria and tetanus. Those entering school at 5 years are also eligible to receive a reinforcing dose of oral vaccine against poliomyelitis.

The campaign to protect children against tuberculosis by vaccinating them with the B.C.G. vaccine has continued as in previous years. The table on Page XXIII of the Report gives further details.

Children are medically examined at the school clinics prior to their employment out of school hours and prior to taking part in public entertainments. The number of children seen in this connection is shown on page XXII

Persons wishing to train for the teaching profession, at a Training College, are medically examined at the clinics

prior to starting their course, as are teachers coming to Wallasey from other authorities, if not previously medically examined.

In the interests of school hygiene, those entering the school meals service who are engaged in the preparation, handling, or cooking of food are medically examined and arrangements are made for them to have a chest x-ray. Those remaining in the service are medically examined annually.

An important aspect of our work is health education. Individual health education is part of the function of periodic medical and special medical inspections. Group health education, with the use of visual aids, has been available for some time, the subjects covered include the dangers of smoking, personal hygiene, venereal disease and dental hygiene. We are now fortunate in having on our staff Dr. Fergusson, who was appointed this year as Health Education Officer/Organiser. With his medical training he is well qualified to talk to school children on these subjects and we hope the schools will make use of his services.

Finally, I would like to thank the teaching staff of the many schools I have visited for their willing co-operation in the smooth running of the sessions.

Observations of Dr. O'Reilly, School Medical Officer:-

One of the more prominent changes in the health of the school population in recent years is the increase in obesity. The thin and weedy child has almost vanished, his place has been taken by the fat boy, or more often, the fat adolescent girl. She is one product of the higher standard of living.

There is an ample supply of appetising food within the reach of all, so why not use it amply. There are fewer outlets any how. Playing games or strolling in the streets are no longer satisfying pastimes for the better educated children of today, so they sit at home and explore the realms of knowledge through their books and leave the playing fields to the unscholarly. They find T.V. much more congenial to their developing minds than playing cricket, so physical exercise is neglected. Hence so many sleek and rotund junior citizens today. On the other hand they play chess and they can talk about history, architecture or politics very happily.

However, from the point of view of health, the adipose child has the dice loaded against him from the

start. He will be lucky if he escapes the numerous diseases which beset the corpulent and he has a good chance of dropping out of the race while still in middle life.

The only way we can help is by advice on diet and exercise, and it is well known that that is not very effective. This is so because the whole thing is largely a matter of temperament. One man's ideal is to sit down to a rich meal and follow it with a long session in front of the television while he smokes his pipe. He thinks the fellow is mad who puts a sandwich in his pocket and sets off to climb a mountain. You just cannot change their characters.

Deafness is decreasing yearly, especially severe deafness. We still have a steady flow of patients through the weekly audiometry clinic, but this year only six children were found to have hearing losses of more than 50 decibels. The family doctors in the town have kindly allowed us to take full responsibility for the treatment of their patients who are deaf. This often entails passing them to the specialists at the hospital who are always most helpful.

More cases of minor maladjustment came my way than in the last few years. We cannot hope for much improvement in this matter as long as the "permissive" philosophy remains in vogue. I do not advocate the attitude portrayed in "Pickwick Papers" in which a father says "See what that child is doing and tell him to stop it", but most parents today, and for generations past, have deliberately refrained from giving any firm guidance to the young lest they thwart their natural development. Thus children are allowed to grow up without any certainty of what is right and wrong and no fixed standards to point the way through the pitfalls of life. It is not surprising that some end up confused, unhappy and insecure.

Observations of Dr. Grant, School Medical Officer:—

The School Health Service continues quietly and smoothly on its way, not hitting the headlines but, nevertheless, doing a worthwhile and necessary job.

The work of the School Medical Officers, apart from the routine medical inspections, has become more specialised, and a great deal more time and thought is now devoted to the ascertainment and educational needs of mentally sub-normal and physically handicapped children to ensure that the right type of school and education is chosen for them.

Psychological problems, of which there are many, are first dealt with by the School Medical Officers at their minor ailment or consultation clinics, and if these prove too difficult or are insoluble, they are referred to the Child Guidance Clinic for the attention of Dr. Egan and his team of educational psychologist and psychiatric social worker.

Health Education is another increasingly important aspect of our work and no opportunity is missed of advising parents and children in matters of health and hygiene. We are always willing, if invited, to give talks at school about health problems.

Minor ailment clinics are not as busy as they used to be before the National Health Service started and we deal with fewer cases of septic infections of the skin, discharging ears and traumatic conditions and the like, but more medical problems are brought to our attention, especially those due to upper respiratory infections and catarrh. Mothers seem to appreciate the fact that we have more time to "listen" to a child's chest than has the family doctor and, occasionally, they come for reassurance, advice, or perhaps a course of ultra-violet light and breathing exercises - the latter two being a very valuable form of preventive therapy for respiratory infections.

A growing problem in these days of an affluent society is that of the obese child - both girls and boys - but mostly girls. I see many girls of 12 and 15 years of age who are much too fat, but will not admit that they eat an excess of carbohydrates. I feel very strongly that if this adolescent overweight condition is allowed to proceed unchecked, it becomes pathological, and may lead to as much physical and mental trouble as it does in adults. I am pleased to see that more physicians are now inclined to agree with this, and many articles are being written on the "obese child", condemning the old dictum that it is just "puppy fat" which will be shed when the child reaches maturity. It is a well-known fact now that emotional disturbance and unhappiness leads to compulsive eating and increasing obesity; so that the problem may well be psychological as well as physical. Few children have the will-power to refrain from eating the incriminating carbohydrates unless helped with some form of appetite-controlling drugs and kept under regular supervision. I do what I can at the clinic, with my limited resources, but if the weekly weight loss is small, or there is a gain, then the patient loses heart, gives up the struggle and ceases to attend regularly.

To revert once more to the subject of shoes and feet, I have been quite pleased this year to note that fewer girls seem to be wearing the totally unsuitable footwear that

was fashionable in the past few years and, as a result of this, there seem to be fewer cases of deformed feet. I should like to feel that my efforts and protests about this over the years have been in some measure responsible for the improvement noticed, but I am afraid it is more than likely due to a change in fashion.

The standard of cleanliness in the school population is so satisfactory these days that it is rarely if ever mentioned in our annual report. How different from the bad old days when so much of the Health Visitor's time was taken up in doing head and cleanliness inspections in primary, secondary and even grammar schools. We cannot afford to be complacent about this, however, because there are always one or two black sheep in every fold and if these are not located and dealt with at source, this happy state of affairs would soon deteriorate.

The majority of mothers accept the invitation to be present at their children's first and second routine medical inspections in school, but when it comes to the third and last examination it is the exception rather than the rule to have the parent present. This is all part of the modern trend in which the young teenager resents the pressure of their parents, preferring to cope with the situation alone. It is a pity, I think, that this should be so, because it is at this final medical that a great many important physical and psychological factors crop up, and can be more profitably discussed in the presence of the parent. All sorts of excuses are offered for the parent's non-attendance, but when asked outright the girl usually admits that she told her mother not to come!

The medical examination of candidates for Teachers' Training Colleges still takes up a great deal of our time, and the numbers are obviously likely to increase, as more pupils take up the teaching profession. As I have rarely, if ever, turned anyone down on medical grounds, I do not think it should be a compulsory condition for entry into these Colleges. It is unlikely that anyone who suffers from some defect which is likely to interfere with their efficiency as a teacher would have applied for admission to a training College.

I should like once again to thank the Headteachers of the schools that I go to for the hospitality which is extended to the Health Visitor and myself on our routine visits.

It is very pleasant these days to find that one usually has a specially appointed medical room with adequate space, heating and lighting, though I'm afraid this still

does not apply to three of the girls grammar schools where we have to be content with make-shift accommodation.

Observations of Mr. H. Davies—Visiting Orthopaedic Specialist:—

The orthopaedic school clinics have proceeded along the usual lines, with fifty sessions held at Wallasey, Leasowe and Moreton. We have all appreciated the pleasant quarters we now have for our work. New cases seen were 470 and we reinspected 1,146 children and discharged 232. Out of these quite large numbers the acquired deformities still predominate. Knock knees, both in pre-school and school age children, present the greatest problem and, as yet, total prevention seems as far off as ever. It is encouraging, however, to see that so many mothers are alive to the bad walking habits of their children and seek early treatment. Fortunately, it is a condition that responds to early treatment and wedge heels, which are best fitted to good fitting boots in conjunction with remedial exercises, effect good results.

School age children this year have shown a preponderance of flat feet. I think here that even in primary schools and, especially in secondary schools, flat foot exercises should be incorporated in the school time-table for physical education. Also the buying of sensible footwear should be insisted upon by the schools as part of the school daily uniform. Bad choice of shoes, which is not always a question of cost, is the reason for most of the foot disorders of adult life, and parents should not be guided by a child's whims.

We had one case of rickets, which is a rare condition to-day, but which can be prevented and cured. The congenital deformities will always be with us but the numbers are not great and early recognition and treatment produce good results. The preventive immunisation against poliomyelitis and other infections is showing good results, but we must always realise the potential danger and encourage parents to seek this prevention.

The clinics reveal that this constant child vigilance is satisfying and rewarding and lays the good foundation of a healthy adult life.

I wish to thank all the staff of the orthopaedic clinics of Wallasey, Moreton and Leasowe for their help and co-operation in our year's work.

REPORT of Mr. HORACE DAVIES, Orthopaedic Surgeon

Number of Sessions held at the Authority's Clinics ..	50
Number of New Cases	470
Number of Re-examinations	1,146
Number of Cases discharged cured	232

Disease Categories	New Cases		Re-examinations		Discharged				
	Pre-Sch Age	School Age	Pre-Sch Age	School Age	Cured	Relieved	Left	Treatment Refused	Died
	M. F.	M. F.	M. F.	M. F.					
Trunk	1 1	- 1	5 4	- 4	2	-	-	-	-
Upper Limb	- -	- 1	- -	- 4	1	-	1	-	-
Lower Limb	1 1	- -	1 4	2 4	2	-	-	-	-
Flat Foot	10 6	52 102	10 5	210 231	125	-	2	1	-
Hallux Valgus	- -	- -	- -	- 16	-	-	1	-	-
Postural Kyphosis and Scoliosis	- -	6 3	- 1	6 1	1	-	1	-	-
Knock Knee	102 68	21 17	222 168	77 71	80	-	1	2	-
Bow Leg	12 6	- 1	13 4	2 -	3	-	-	-	-
Other Conditions	- -	2 2	2 1	4 8	3	-	-	-	-
Rickets	- -	- -	- -	1 -	-	-	-	-	-
Other Conditions	- -	- -	- 1	- 1	-	-	-	1	-
Spastic Paralysis	- -	- 2	1 3	1 7	-	-	-	-	-
Infantile Paralysis	- -	- -	- -	1 2	-	-	-	-	-
Peripheral Nerve Lesions ..	- -	- -	- -	- -	-	-	-	-	-
Other Conditions ..	- -	- 1	2 3	- 2	1	-	1	-	-
Osteomyelitis T.B.	- -	- -	- -	- 1	-	-	-	-	-
Other Conditions ..	- -	- -	- -	- -	-	-	-	-	-
T.B.	- -	- -	- -	- -	-	-	-	-	-
Non-T.B.	- -	1 -	- -	4 -	1	-	-	-	-
T.B.	- -	- -	- -	- -	-	-	-	-	-
Non-T.B.	- -	- -	- -	- -	-	-	-	-	-
	- -	4 6	- -	3 8	2	-	-	-	-
	2 -	1 3	- -	4 5	1	-	-	-	-
	- -	4 16	- -	7 8	10	-	-	-	-
	1 -	2 -	- -	1 -	-	-	-	-	-
	3 3	2 3	- -	- -	-	-	-	-	-

Remarks of Mr. K. Jones, Physiotherapist:-

This year has again seen only one full-time physiotherapist working, and two half-day sessions per week contributed by a part-time physiotherapist.

I have been working in the Wallasey School Clinics sufficiently long to have seen considerable changes in the organisation of the Physiotherapy Clinics and in the treatments given. When I first took up the appointment of senior physiotherapist to the Authority, virtually all treatments were given in groups; no fewer than nine half days per week being devoted to foot exercises alone and six half days per week being given over to U.V.R. No electrotherapy was given, and cerebral palsy was treated by non-specialist methods in groups.

The present form of the physiotherapy clinics has partly been dictated by understaffing but, nevertheless, has proved a satisfactory service. U.V.R. treatments are limited to two 1 hour sessions in Wallasey and two one and a half hour sessions in Moreton. Despite this, there has been no diminution in the number of children treated, but it has enabled more use to be made of the time available. All cerebral palsy and other neuromuscular conditions are treated individually. Initially asthmatics are treated individually, but once having mastered the special type of breathing required, small children are allowed to join small groups; older children remain individually treated. Exercises for children with flat feet have been discontinued, but older children requiring such treatment are given faradism, from which a greater degree of success is achieved.

We now have a micro-wave therapy unit, and this has proved invaluable in the treatment of traumatic conditions, epiphysitis, etc.

The building of the new Municipal Offices has caused some dislocation of services in Moreton. Due to lack of accommodation during building operations only very few treatments other than U.V.R. have been given, and even this had to be discontinued for three weeks in November.

In short, a more limited service has been given but, taking everything into consideration, a very effective one.

PHYSIOTHERAPY REPORT, 1966.

Total Cases on Register	1,391
Total Attendances for treatment	4,201
New Cases on Register	605
Orthopaedic Cases of School Age treated ...	723
No. of Orthopaedic Cases treated at School	5
New Orthopaedic Cases of School Age ...	253
School Age Orthopaedic Cases discharged	153

	Clinic				Tonsillectomy and Adenoidectomy			Asthma		Exercises	
	New Pts.	Total Atts.	Disch.	No. Trts.		New	No. Trts.	New	No. Trts.	New	No. Trts.
				New	No. Trts.						
January ..	22	132	16	4	239	8	26	1	10	17	65
February ..	39	134	15	12	224	10	31	1	13	5	79
March ..	63	174	23	7	367	10	30	2	11	7	95
April ..	48	114	13	6	219	5	15	1	1	7	35
May	52	124	14	8	388	9	30	2	16	29	96
June	29	153	21	1	235	8	25	-	8	2	71
July	42	122	17	-	223	6	22	-	3	-	56
August ..	38	148	46	-	-	-	-	-	-	-	-
September	46	163	19	14	267	4	11	-	4	9	80
October ..	32	132	17	9	288	4	14	2	12	4	69
November ..	37	131	22	11	250	8	31	2	6	7	106
December ..	22	89	20	3	346	5	15	-	7	7	42
TOTALS ..	470	1616	243	75	3046	77	250	11	91	94	794

U.V.R. TREATMENT, 1966.

New Cases	...	...	...	...	...	...	...	...	75
No. on Register	...	...	...	...	...	...	...	...	152
Discharged: Cured	...	...	...	...	...	...	...	...	20
Improved	...	...	...	...	...	...	...	...	3
No Change	...	...	...	...	...	...	...	...	-
Defaulted	...	...	...	...	...	...	...	...	25
Left School	....	...	...	...	...	...	...	...	2
Admitted to Hospital	...	...	....	...	...	...	...	...	-
Left District	..	...	...	...	...	...	...	...	2
Completed course but failed to attend final medical examination	...	...	...	...	...	...	...	...	40

CONSULTANT PSYCHIATRIST'S REPORT ON
WORK AT THE CHILD GUIDANCE CLINIC, 1966

As this is my tenth year on the staff of the Wallasey Education Committee's Child Guidance Clinic, it would seem appropriate to attempt some kind of review of the decade's work.

In the ten years we have seen 770 new cases, representing an average annual referral rate of 77. This figure has varied so little from year to year that we have been tempted to question its validity as representing the incidence of emotional disturbance in the school child population. Could it be that we have created and maintained that figure as representing the quantity of work with which the Clinic could cope in the course of a year? This hypothesis we have exploded by stressing, almost annually in the Report of the Principal School Medical Officer, that the referral rate was conspicuously low as compared with the National Average, and that the Clinic could cope with more cases than were being referred. At the time of going to press, there are only 10 new cases on the waiting list - which represents a waiting time of three weeks. Other Child Guidance and Child Psychiatric Clinics on Merseyside have waiting lists of six months or more. Wallasey is, of course, an unusual borough. It has a low slum population ratio compared with other Merseyside towns. Its welfare services and educational facilities are probably better than average. These factors, while not conferring immunity from emotional maladjustment in the school child population, probably diminish its prevalence.

Over the ten years the diagnostic spectrum has also remained remarkably constant. Behaviour disorders such

as defiance, aggressiveness, tantrums and frank delinquency have regularly accounted for nearly half the total referrals. Habit disorders and school refusal account for a further 25%.

On the subject of results of treatment, one finds oneself on very shaky ground. There are no reliable criteria of cure or even relief. More than 80% of our cases have been closed within a year of starting treatment on the presumption that the problem or problems had been resolved. Children grow and develop rapidly, and change their habits with equal rapidity. Furthermore, they are concurrently exposed to a variety of influences. No agency - school, home, clinic, probation service or whatever, - can claim exclusive credit for such improvement, real or spurious, as the child manifests. Time and its coincident maturity is most often the really curative agent. This is not to diminish the importance of the Clinic interference. The very referral to the Clinic has already made an impact on both child and parent, even before we at the Clinic have begun to do **anything**. This in itself, by highlighting a problem, alters attitudes. Parents show concern - this changes the emotional temperature. The child himself makes some internal readjustments. Then there is the Clinic impact with all its searching and probing. Parents relieve their feelings and their grievances. They feel that help is on its way, and leave the Clinic with the comforting reassurance that little Johnny is not such a bad kid after all. Sometimes that is enough to reverse the faulty process, and we are told six months later that Johnny never looked back since that first Clinic interview. A "cure on first sight" is often the best cure, and paradoxically it is perhaps the one for which we can take the most credit. One reflects with regret on the number of children who have attended the Clinic for a year or more with intractable habit disorders or persistent delinquency, that have unrelentingly defeated all therapeutic effort. Two or three times a year one reluctantly has to recommend special residential school treatment. I have at least learned the lesson that if a child has to go away, it must be to a residential school. Hospital treatment has nothing to contribute to the solution of emotional problems in children. Even psychotic and brain-damaged children have more need for a school than a hospital.

The current year has not been in any way different from the nine years that have gone before it, except that we have been without the services of an Educational Psychologist since Mr. Maginn left in August. Much

credit is due to Mr. O'Brien for the masterful way in which he has filled the gap. We are also enormously indebted to Miss Morgan for the wonderful service she gave to the Clinic on the social work side during Mrs. Barrett-Lennard's absence in America. Finally, I would like to congratulate Mrs. Barrett-Lennard on securing the much coveted Churchill Scholarship that gave her the trip to America. At the Clinic we all bask in the reflected glory of her prominence, while fretting at the prospect of having to live up to the new standards that she will now set us.

SOCIAL WORKER'S REPORT ON THE WORK OF THE SCHOOLS' PSYCHOLOGICAL SERVICE, 1966

It is with regret that we lost the valued services of Mr. Jerome Maginn, Educational Psychologist, at the end of August. We do, however, wish him well in his new work at Notre Dame College of Education in Liverpool, where we believe he has settled happily. Since the 1st September, Mr. O'Brien, the Remedial Teacher, has stepped into the breach by carrying out the routine testing of clinic cases, an essential part of our work.

I had the honour of a Winston Churchill Travelling Fellowship Award to study "The Welfare of the Total Family, its Problems and their Solution in the U.S.A." for three-and-a-half months in 1966, and the Authority kindly released me from the first October to 10th January 1967 for this purpose. I am at present writing a comprehensive report on my work in the United States. During my absence, Dr. H.W.Hall, Principal School Medical Officer, was most helpful in agreeing to release Miss E.M.Morgan, one of the Health Visitors, to undertake some of my work on a part-time basis, i.e. to interview parents at their homes or in the Clinic when necessary. In the co-ordination of these temporary arrangements the experience and care of the Clinic Secretary, Miss E.M. Govan, has been invaluable.

Under this combination of unusual circumstances, it will be understood that the work of the Clinic this year has shown a slight decline, but no new or urgent case was turned away. The routine testing undertaken by Mr. O'Brien is time consuming, and his remedial work has, as a result, been considerably curtailed.

An analysis of the work of the Clinic is made below:—

CASES REFERRED

Current cases, January 1st, 1966	41
To be reviewed	4
New cases, 1966	83
	<hr/>
	128

The new cases were referred from the following sources, through either the Director of Education or the Principal School Medical Officer:

Head Teachers	21
Deputy Principal and School Medical Officers	18
Parents	14
Speech Therapist	2
Family Doctor	18
Children's Officer	6
Foster Parent	1
Housing Department	1
Alder Hey Hospital	1
Priory Day Hospital	1
	<hr/>
	83

The disposal of cases dealt with during the year falls under the following headings:—

Cases Closed		56
Improved	35	
Report and Advice only	7	
Residential Special School	4	
Boarding School	1	
Approved School	1	
Failed to co-operate	3	
Failed to respond to treatment	1	
Left the district	1	
Emigrated	1	
Adult Training Centre	1	
School transfer within the Borough	1	
To be reviewed		3
Current Cases		56
		<hr/>
		115

The diagnoses of cases referred during 1966 are classified below:

Behaviour disorders	23
Delinquent tendencies	14
Habit disorders	11
Emotional instability	11
School phobia	9
Speech disorders	5
Asthma	4
Educational retardation	3
Emotional immaturity	2
Depression	1
	<hr/>
	83

The work of the Psychiatrist, Remedial Teacher and Social Worker is set out in the following tables:

Psychiatrist:

Diagnostic interviews	76
Treatment interviews	168
Cases re-opened	7

Psychological Tests: 162

Remedial Teacher:

Attendances by Child Guidance cases 78

Social Worker:

	School Welfare Cases	Clinic Cases
Home Visits	66	719
Clinic interviews	7	396
School enquiries	24	111
Consultation with other agencies	42	442
	<hr/>	<hr/>
	139	1668

SPEECH THERAPY 1966

Mrs. M.B. Avison, Speech Therapist, submits the following observations:—

The drop in attendance is explained by the fact that no treatment was available for five months of the year. Even now the service is reduced to nine hours per week.

Every effort has been made to find a full-time Speech Therapist and advertisements were placed in the College Bulletin as well as the local press. Unfortunately, Wallasey is only one of many Authorities in this position.

It is hoped that the present three sessions per week will be increased in the near future. This will help in a minor way until the full service is restored.

May I thank the many understanding people who realise that every effort is being made to meet the increasing demands for treatment.

Total number of attendances	... ..	1,346
Number of patients receiving regular treatment during the year	... ..	98
Number of patients receiving treatment at intervals during the year	... ..	137
Number of patients admitted	... ..	81
Number of patients discharged	... ..	102

Classification of Patients Admitted:

Dyslalia (Defect of Articulation)	... ..	43
Stammer	... ..	32
Interdental Sigmatism (Defective articulation of "s" and "z")	... ..	-
Lateral Sigmatism (Defective articulation of "s" and "z")	... ..	-
Alalia	... ..	6
	Total	<u>81</u>

Classification of Patients Discharged:

Cured	... ..	73
Unco-operative	... ..	15
Left School	... ..	8
Left District	... ..	6
	Total	<u>102</u>

Classification of the Waiting List:

Not yet interviewed	... ..	54
Interviewed and placed on Supervision	... ..	63
Interviewed and awaiting regular appointment	... ..	49
	Total	<u>166</u>

MEDICAL EXAMINATION OF TEACHERS OR INTENDING TEACHERS.—Min. of Education Circ. 249 of 1952
Total Number Examined, 1966.

Teachers					Intending Teachers				
Male ...	...	...	...	4	Male ...	...	...	...	27
Female ...	...	...	...	6	Female ...	...	...	...	66
				<hr/>					<hr/>
Total ...				10	Total ...				93

School Meals Service

During the year 75 new staff were medically examined and X-rayed on entering the Service and 28 members of the staff were re-examined.

Minor Ailments Clinic

Minor Ailments Clinics are held at each of the school clinics as follows:—

Merton Road Clinic—Monday, Wednesday and Thursday mornings.

Water Street Clinic—Monday, Wednesday and Friday mornings.

Moreton Clinic—Monday to Friday mornings.

Hudson Road Clinic—Monday to Friday mornings up to 10-30 a.m.

A doctor is in attendance at Merton Road Clinic each Wednesday morning, at Water Street Clinic each Monday morning and at Moreton Clinic each Tuesday morning. A variety of minor ailments, such as infected ears, infected eyes, impetigo, cuts, burns and warts are treated at these clinics, whilst at the doctors' sessions, medical and psychological problems, as distinct from minor ailment, can be investigated and the appropriate advice or treatment given.

EXAMINATIONS OF CHILDREN FOR EMPLOYMENT,
ENTERTAINMENT, HOLIDAYS ABROAD, ETC,

Employment	200
Entertainment	2
Holidays Abroad, etc.	-
	<hr/>
	202

B.C.G. VACCINATION

No. of children offered (per parents)	
B.C.G. Vaccination	1,341
No. of children accepting (per parents)	
B.C.G. Vaccination	1,029
Percentage of Parents accepting vaccination ...	76.73%
No. of children Mantoux tested	986
No. of children found Mantoux positive	27
Percentage of children Mantoux positive	2.72%
No. of children found Mantoux negative	958
No. of children vaccinated with B.C.G. Vaccine	941

SUMMARY OF THE WORK CARRIED OUT BY THE
SCHOOL HEALTH VISITORS DURING THE YEAR 1966.

Health Surveys and Infestation with Vermin

Health Surveys	102
No. of Clinic Sessions re Cleansing	21
No. of Examinations	21,110
No. of individual children found unclean ...	200

Home Visits

Cleanliness	217
Medical Treatment	222
Hospital References	23
Miscellaneous	157
Ineffective visits, i.e. No. Access	194

Other

Visits to Nursery School	10
Visits to Special Schools	42
Sessions for Medical Inspections	288
Sessions at Minor Ailments Clinics	718
Sessions at Ophthalmic Clinics	111
Sessions at Vision Testing of 8 year old pupils	53
Sessions on Weighing and Measuring (Medical Inspections)	77

ELLERAY PARK OPEN-AIR SCHOOL

During the year 23 children were admitted; the classification of their defects or diseases being as follows:-

Congenital Heart Disease	3
Bronchitis	1
Chronic Catarrh	1
Delicate	8
Paralysis	3
Severe Burns	1
Kidney Disease	1
Traumatic Arthritis	1
Bone overgrowth	1
Leukaemia	1
Microcephalus	1
Muscular-incordination	1

During 1966, eight children were transferred to ordinary schools, two to residential special schools, two left the district, seven left on attaining 16 years of age, one was taken into institutional care, and one died.

PHYSICAL EDUCATION AND SCHOOL MEALS SERVICE

Observations of Mr. C.D. Clare, Organiser of Physical Education.

As has been intimated in previous observations, my work continues to become increasingly concerned with the planning, provision and use of facilities, leaving a diminishing amount of time available for work in schools with children and their class teachers. It is encouraging to be able to report that in September, the appointment of a woman lecturer was made, which combined teaching duties at the College of Further Education with assistance for teachers of P.E. in schools. Work has already been started in infant schools, where the help and advice of a woman specialist is of far greater relevance than that of a man. It is anticipated that the value of this work during the coming year will underline the need for such assistance to women teachers of infants and girls.

No major changes have taken place during 1966 in methods or content of work and, in general, the standards achieved are satisfactory, having regard to the limitations imposed by staffing and facilities. In junior schools, the teaching of swimming is a matter of major concern and no appreciable increase in the number of children taught to swim can be expected without provision of further facilities and/or additional tuition by specialist staff. It was most disappointing to all concerned that the open air learners pool provided at Lingham Junior School proved impossible satisfactorily to operate.

Secondary schools are in general making good use of the resources available, and further advance will largely be governed by factors of staffing and facilities. Instruction in the more individual activities increasingly recommended for older pupils necessitates small groups of pupils, and the range which can be offered varies widely in individual schools, according to the capabilities and willingness of non-specialist staff to assist. In no subject or sphere of activity can full progress be made without regular instruction and practice. The amount of physical education time lost through adverse ground and weather conditions is greater than is realised generally and can only be reduced through provision of all-weather outdoor facilities and of indoor physical education spaces of the sports hall type. It is with considerable pleasure therefore, that I can report the impending provision of a sports hall at Oldershaw Grammar School.

The impending re-organisation of education in the Borough will, whilst involving considerable difficulties, present unique opportunities, and it is hoped that not only those concerned with education, but all sections of the community will co-operate in providing and using these much needed facilities for physical recreation.

Observations of Miss A. L. Collins, Organiser, School Meals Service:—

There has been a steady expansion in the School Meals Service over the past 5 years. The number of Kitchens has increased from 19 to 33, and the daily number of meals served from 6,600 to 9,200. Of these, approximately 900 are provided free of charge to necessitous children.

During the school holidays 31,160 meals were served at 6 centres in the Borough.

In September, the Kitchen at St. Bede's R.C. Secondary School was opened and 160 boys take advantage of the meal in a pleasant dining area. They sit in their family groups at octagonal tables, which have colourful formica tops.

A second Kitchen has been opened at St. George's Secondary School, and 225 pupils who had previously been served with a transported meal can now avail themselves of a meal which is cooked on the premises.

Family Service is continuing to be introduced into Primary Schools, which means that the majority of schools in the Borough are now operating this type of service.

During the year it was decided that all school milk should be supplied in 1/3rd pint cartons rather than in bottles. The advantages of cartons are clear in that they are lighter, quieter, more hygienic and safer as there is no danger from broken glass or from dirty or chipped bottles.

As in previous years, improvements in equipment and furniture are continuing to be made at Kitchens, and replacements are of modern design planned specifically for School Meals use.

Report of the Principal School Dental Officer:—

The Annual Statistical returns show a general improvement in our figures and follow the continued attempts to streamline the working of our dental clinics in order both to widen the coverage of our schools and increase our productivity.

This improvement would have been greater had the work at Moreton not been impaired by having to find alternative premises during the alterations to Moreton Clinic, which will include a new dental suite and up-to-date equipment. We are indebted to the Reverend Wesson and the Church Officials for allowing us the use of rooms in the Moreton Methodist Church Hall meantime.

An alteration to our dental consent forms now requires a parental signature opting for or rejecting clinic treatment. Full co-operation by the Headteachers is needed if 100% return of all forms is to be achieved, and I am grateful for the support which has been given. Following a course of treatment, reminder forms for 4-6 monthly check-ups containing advice on oral hygiene are given, but the responsibility for making the appointment remains with the parent.

These reminder forms are an attempt to equate our service with that of the National Health Service which allows for an inspection every 4 months to those under the age of 21.

The onus on Local Authorities to provide a comprehensive dental service to the priority groups could well be compared with the Labours of Hercules. Since 1948 when the National Health Service provided an alternative service for dentists, a national shortage of school dental officers has existed, and the position has shown little change. Without our two long serving dental officers it would have been difficult to have provided more than an emergency service. The Leasowe clinic has been operated by two lady dentists since it opened. The first remained with us for 18 months, the second and present officer became part-time in September and will be resigning early next year. Efforts to recruit a full-time successor did not result in a single application. After nearly 20 years it may be pertinent to pose the question as to the length of time needed to provide a solution to this anomalous situation. Meantime every understanding should be given to the difficulties of those who are employed within the framework of the School Dental Service.

Finally, I should like to record my appreciation of the constant encouragement given by the Child Welfare Sub-Committee, the help given to us by the teaching profession and all those involved in our work.

MEDICAL INSPECTION, 1966

MAINTAINED PRIMARY AND SECONDARY
SCHOOLSPART I—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Number of pupils on register 16,308

Groups Inspected (Year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col.2	No.	% of Col.2
		(3)	(4)	(5)	(6)
and later	26	25	96.15	1	3.85
1961	497	495	99.60	2	0.40
1960	1,012	1,012	100.00	—	—
1959	58	58	100.00	—	—
1958	19	19	100.00	—	—
1957	18	18	100.00	—	—
1956	24	24	100.00	—	—
1955	355	354	99.72	1	0.28
1954	747	747	100.00	—	—
1953	320	320	100.00	—	—
1952	501	501	100.00	—	—
and earlier	1,024	1,023	99.90	1	0.10
TOTAL	4,601	4,596	99.89	5	.11

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Groups Inspected (Year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
and later	—	26	17
1961	30	204	171
1960	61	434	374
1959	6	28	25
1958	4	15	9
1957	2	11	5
1956	8	28	19
1955	88	128	156
1954	130	249	292
1953	56	112	117
1952	77	100	153
and earlier	229	342	442
TOTAL	691	1,677	1,780

TABLE C. — OTHER INSPECTIONS

Number of Special Inspections	...	...	...	1,233
Number of Re-inspections	...	...	...	201
Total				1,434

TABLE D. — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	21,110
(b) Total number of individual pupils found to be infested	...	...	...	200
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	3
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	1

PART II — DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

PART II TABLE A.—PERIODIC INSPECTIONS

Defect or Disease							PERIODIC INSPECTIONS							
							Entrants		Leavers		Others		Total	
							(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(2)														
Skin	..	..	..	..	..	..	40	7	118	2	84	11	242	20
Eyes—(a) Vision	..	..	..	..	..	..	101	89	306	16	284	20	691	125
(b) Squint	..	..	..	..	..	..	61	10	13	1	30	3	104	14
(c) Other	..	..	..	..	..	..	11	2	14	2	22	1	47	5
Ears—(a) Hearing	..	..	..	..	..	..	74	36	20	3	19	15	113	54
(b) Otitis Media	..	..	..	..	..	..	17	37	4	2	9	5	30	44
(c) Other	..	..	..	..	..	..	28	6	24	1	19	3	71	10
Nose and Throat	..	..	..	..	..	..	118	122	30	31	39	54	187	207
Speech	..	..	..	..	..	..	29	19	5	2	10	4	44	25
Lymphatic Glands	..	..	..	..	..	..	3	45	-	4	-	13	3	62
Heart	..	..	..	..	..	..	10	11	5	6	4	17	19	34
Lungs	..	..	..	..	..	..	36	39	14	5	21	10	71	54
Developmental—														
(a) Hernia	..	..	..	..	..	..	3	3	-	1	6	5	9	9
(b) Other	..	..	..	..	..	..	41	42	34	20	35	57	110	119
Orthopaedic—														
(a) Posture	..	..	..	..	..	..	7	10	8	14	12	22	27	46
(b) Feet	..	..	..	..	..	..	96	36	66	27	110	59	272	122
(c) Other	..	..	..	..	..	..	48	25	38	20	24	22	110	67
Nervous System—														
(a) Epilepsy	..	..	..	..	..	..	5	6	8	3	5	4	18	13
(b) Other	..	..	..	..	..	..	4	3	12	-	13	4	29	7
Psychological—														
(a) Development	..	..	..	..	..	..	34	6	7	6	25	5	66	17
(b) Stability	..	..	..	..	..	..	37	32	12	16	27	29	76	77
Abdomen	..	..	..	..	..	..	3	7	2	-	9	5	14	12
Other	..	..	..	..	..	..	2	1	8	3	5	1	15	5

PART II TABLE B. — SPECIAL INSPECTIONS

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Bin	58 (207) *	2
Es-(a) Vision	21	1
(b) Squint	7	-
(c) Other	50	-
rs-(a) Hearing	94	-
(b) Otitis Media	10	1
(c) Other	87	1
se and Throat	24	2
eech	8	1
mphatic Glands	-	-
art	1	-
ngs	6	1
velopmental—		
(a) Hernia	-	-
(b) Other	9	4
thopaedic—		
(a) Posture	2	-
(b) Feet	80	2
(c) Other	36	2
rvous System—		
(a) Epilepsy	-	-
(b) Other	10	2
ychological—		
(a) Development	7	2
(b) Stability	16	2
Homen	3	-
mer	195	2

* No. of pupils found to require treatment for Warts or Verrucae and the majority of these cases were treated with carbon dioxide snow.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

PART III TABLE A.—EYE DISEASES AND DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	301
Errors of refraction (including squint)...	1,625
Total ...	1,926
Number of pupils for whom spectacles were prescribed	754

TABLES B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	6
(b) for adenoids and chronic tonsillitis	173
(c) for other nose and throat conditions	18
Received other forms of treatment	188
Total	<u>385</u>
Hearing Tests - Undertaken by Audiometrician—	
New Cases	265
Re-tests	168
Cases referred to School M.O.	272
Cases referred to own doctor	37
Cases referred to consultants	29
Total	<u>771</u>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1966	2
(b) in previous years	13

TABLE C.— ORTHOPAEDIC AND POSTURAL DEFECTS:

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	723
(b) Pupils treated at school for postural defects	5
Total	<u>728</u>

TABLE D.— DISEASES OF THE SKIN (excluding uncleanliness, for which see Table D of Part 1).

	Number of cases known to have been treated
Ringworm—(a) Scalp	1
(b) Body	-
Scabies	2
Impetigo	52
Other skin diseases	184
Total	<u>239</u>

TABLE E.— CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	128

TABLE F.— SPEECH THERAPY

	Number of cases known to have been treated
Received regular treatment	98
Received treatment at irregular intervals	137
Total pupils treated by Speech Therapist	<u>235</u>

TABLE G.— OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,797
(b) Pupils who received convalescent treatment under School Health Service arrangements	2
(c) Pupils who received B.C.G. vaccination	941
(d) Pupils who received Hospital In-patient treatment—	
Medical	259
Surgical	148
Orthopaedic	74
Total (a)—(d)	<u>3,221</u>

PART IV.—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visits	1230	1266	203	2699
Subsequent visits	1030	2145	424	3599
Total visits	2260	3411	627	6298
Additional courses of treatment commenced	95	198	35	328
Fillings in permanent teeth	1142	2992	585	4719
Fillings in deciduous teeth	294	40	-	334
Permanent teeth filled ...	941	2460	487	3888
Deciduous teeth filled ...	272	32	-	304
Permanent teeth extracted	142	527	125	794
Deciduous teeth extracted	1548	631	-	2179
General anaesthetics ...	884	556	65	1505
Emergencies	474	282	49	805

Number of Pupils x-rayed	85
Prophylaxis	783
Teeth otherwise conserved	115
Number of teeth root filled	4
Inlays	-
Crowns	2
Courses of treatment completed	2184

ORTHODONTICS

Cases remaining from previous year ...	6
New cases commenced during year ...	13
Cases completed during year	9
Cases discontinued during year	3
No. of removable appliances fitted ...	16
No. of fixed appliances fitted	4
Pupils referred to Hospital Consultant	34

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	-	11	3	14
Number of dentures supplied	-	14	4	18

ANAESTHETICS

General Anaesthetics administered by Dental Officers 737

INSPECTIONS

(a) First inspection at school-Number of Pupils ...	8710
(b) First inspection at clinic-Number of Pupils ...	1233
Number of (a) + (b) found to require treatment	5034
Number of (a) + (b) offered treatment	5030
(c) Pupils re-inspected at school clinic	1250
Number of (c) found to require treatment	540

SESSIONS

Sessions devoted to treatment	1534
Sessions devoted to inspection	111
Sessions devoted to Dental Health Education ...	2

MINOR AILMENTS AND OTHER CLINICS

y	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey	Minor Ailments and S.M.O.'s Clinic
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
	(p.m.)	Child Welfare Centre, Water Street, Wallasey	Immunisation (3rd Monday each month)
ay	(a.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. E. Edwards) (by appointment only)
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments and S.M.O.'s Clinic
		Child Welfare Centre, Water Street, Wallasey	-
	(p.m.)	-	-
day	(a.m.)	School Clinic, Merton Road, Wallasey ...	S.M.O.'s Clinic Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey	Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey ...	Immunisation (1st Wednesday each month)

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Thursday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Ophthalmic Clinic (Mr. Edwards on per month by appointment only)
		Child Welfare Centre, Water Street, Wallasey	-
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
	(p.m.)	-	-
Friday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. Edwards fortnightly by appointment only)
		Child Welfare Centre, Oakenholt Rd., Moreton	Ophthalmic Clinic (Mr. Edwards on per month by appointment only) Minor Ailments
		Child Welfare Centre, Water Street, Wallasey	Minor Ailments
		Health Clinic, Hudson Road, Leasowe ...	Ophthalmic Clinic (Mr. Edwards on per month by appointment only) Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey ... Health Clinic, Hudson Road, Leasowe ...	S.M.O.'s Clinic (Fortnightly) Immunisation (3rd Friday each month)
		Child Welfare, Centre, Oakenholt Rd., Moreton	Immunisation (2nd & 4th Friday each month)

SPEECH THERAPY CLINICS

W	(a.m.)	School Clinic, Merton Road, Wallasey.
Friday	(a.m.)	Health Clinic, Hudson Road, Leasowe.
Monday	(a.m.)	School Clinic, Merton Road, Wallasey

Speech Therapist will provide additional
services at other Clinics when she is able.

PHYSIOTHERAPY CLINICS

	(a.m.)	School Clinic, Merton Road, Wallasey (U.V.L. and Individual Treatments)
	(p.m.)	School Clinic, Merton Road, Wallasey. (Individual Treatments) Welfare Centre, Oakenholt Road, Moreton (U.V.L.)
	(a.m.)	Elleray Park Special School, Wallasey. (Remedial Exercises)
	(p.m.)	School Clinic, Merton Road, Wallasey. (Individual Treatments)
Monday	(a.m.)	School Clinic, Merton Road, Wallasey. (Individual Treatments)
	(p.m.)	School Clinic, Merton Road, Wallasey. (Individual Treatments)
W	(a.m.)	Welfare Centre, Oakenholt Road, Moreton. (U.V.L. and Individual Treatments)
	(p.m.)	School Clinic, Merton Road, Wallasey. (Orthopaedic Specialist's Clinic). Welfare Centre, Oakenholt Road, Moreton. (Orthopaedic Specialist's Clinic once per month) Health Clinic, Hudson Road, Leasowe. (Orthopaedic Specialist's Clinic once every two months).
	(a.m.)	School Clinic, Merton Road, Wallasey. (U.V.L. and Individual Treatments)
	(p.m.)	Child Welfare Centre, Water Street, Wallasey. (Remedial Exercises) School Clinic Merton Road, Wallasey. (Individual Treatments) Elleray Park Special School, Wallasey. (Remedial Exercises)

SCHOOL DENTAL CLINICS

Monday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe. School Clinic, Merton Road, Wallasey.
	(p.m.)	As Monday a.m.
Tuesday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey.
	(p.m.)	Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
Wednesday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
	(p.m.)	As Wednesday a.m.
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
	(p.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
Friday	(a.m.)	As Thursday p.m.
	(p.m.)	As Thursday p.m.

CHILD GUIDANCE CLINIC

(Psychiatric Department)

120, Church Street, Wallasey, Dr. G. Egan; M.D.; CH.B.,
Tuesday afternoons and Thursday mornings.

(1) Newly assessed as needing special Educational Treatment at Special Schools or Boarding Homes	1	-	-	1	8	12	4	19	-	1	46
(2) Newly placed in Special Schools or Boarding Homes	1	-	-	1	8	12	3	19	-	1	45
(3) As at 31st January, 1967 Pupils on Registers of Maintained Special Schools:- (a) Day Pupils (b) Boarding Pupils	- -	- -	4 1	5 -	49 -	34 -	1 -	104 5	3 -	2 -	202 6
(4) Pupils on Registers of Non-Maintained Special Schools:- (a) Day Pupils (b) Boarding Pupils	- 4	- 3	- 3	- -	2 3	- -	- 1	- 2	- 1	- -	2 17
(5) On the Registers of Independent Schools under arrangements made by the Authority	-	-	-	-	1	-	4	2	-	-	7
(6) Pupils requiring places in Special Schools:- (a) Day (b) Boarding	4 -	3 -	8 -	5 -	55 -	34 -	6 1	113 -	4 -	2 -	234 1
(7) Pupils being educated under the provisions of Sec. 56 of the Education Act, 1944:- (a) In Hospitals (b) At Home	- -	- -	- -	- -	- 5	- 1	- -	- -	- -	- -	- 6

CHILDREN FOUND UNSUITABLE FOR SCHOOL—YEAR ENDING 31st DECEMBER, 1966

Informal Ascertainment 4
Under Sec. 57(4) of the Education Act, 1944 3
Number of decisions cancelled under Sec. 57A(2) of the Education Act, 1944 -

